

**Office of Academic Support Services
(OASIS)**

**REQUEST FOR TUTORING
SERVICES**

Request Date: Notifications :
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Name:		Term for Tutoring (Check one):				
		Summer	Fall	Spring		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Contact Info:	Student ID:	Class Year:				
	Preferred Phone#:	If NOT DO or PA, Your Major:				
	HSC E-mail:	Program:	DO1	DO2	DO3	DO4
	Campus Box#:	(Circle only one)	PA1	PA2	PA3	
	Additional E-mail or Phone:		M-GS	D-GS	M-PH	D-PH
Course(s) for which you are requesting a Tutor:		Office Use Only Section				
Course Number	Course Name	Tutor	Duration (No. Mtgs.)			
Your Tutoring Preferences:						
Small Group Possibilities:		Willing to be paired with another student, if 1-on-1 tutoring is unavailable				
		Prefer small group (1-5 other students)				
Describe how you would like the tutor to assist you, e.g., on what do you need to focus, what is your learning style or personality if known?						
Notes or special arrangements (time, place, etc.):						

By signing below, I agree to:

1. I understand that tutoring takes place in a small group setting unless other arrangements have been approved, in advance, by the Academic Support Specialists.
2. Meet with my tutor weekly, be prepared for, and maintain confidentiality regarding these sessions.
3. Notify my tutor in advance if I am unable to attend a scheduled session.
4. Sign the Tutoring Session Attendance Sheet attached to the Tutor Time Sheet at the end of each session.

Signed _____	Date _____
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