

LOCK HAVEN UNIVERSITY CLEARFIELD CAMPUS

TUTORING SERVICES REQUEST FORM

NOTE: ALL STUDENTS REQUESTION TUTORIAL ASSISTANCE FOR A SPECIFIED SEMESTER **MUST** COMPLETE THIS REQUEST FORM. TUTORIAL ASSIGNMENTS ARE BASED ON TUTOR AVAILABILITY AND TIMING. THE EARLIER IN A SEMESTER A REQUEST IS SUBMITTED THE GREATER THE OPPORTUNITY AN ASSIGNMENT MAY BE ESTABLISHED. ONCE ASSIGNED, RESPONSIBILITY STATEMENT WILL BE REVIEWED WITH EACH STUDENT BY THEIR ASSIGNED TUTOR.

NAME _____ STUDENT ID # _____

TUTORING SEMESTER: FALL SPRING SUMMER YEAR _____ CURRENT CREDIT HOUR LOAD _____

MAILING ADDRESS: _____

CONTACT PHONE: _____ CELL: _____ EMAIL: _____

TUTORING NEEDS:

COURSE NUMBER	SECTION	COURSE NAME	PROFESSOR

AVAILABILITY: (PLACE AN "X" IN ALL APPLICABLE BOXES)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					
5:00-5:30					
OTHER					

PROBLEMS OR CONCERNS: ASSIGNMENTS TESTS/EXAMS COURSE CONTENT STUDY SKILLS

OTHER: _____

STUDENT SIGNATURE _____ DATE _____

PLEASE RETURN COMPLETED FORM TO 102 FOUNDERS HALL OR MAIN OFFICE