

LOCK HAVEN UNIVERISTY  
CLEARFIELD CAMPUS

**TUTORING SERVICES REQUEST FORM**

**NOTE:** ALL STUDENTS REQUESTING TUTORIAL ASSISTANCE FOR A SPECIFIED SEMESTER **MUST** COMPLETE THIS REQUEST FORM. TUTORIAL ASSIGNMENTS ARE BASED 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 STATEMENTS WILL BE REVIEWED WITH EACH STUDENT BY THEIR ASSIGNED TUTOR.

NAME \_\_\_\_\_ STUDENT ID# \_\_\_\_\_  
(last) (first) (m.i.)

SEMESTER: FALL SPRING SUMMER YEAR \_\_\_\_\_ CURRENT CREDIT HOUR LOAD \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CONTACT: PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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 DR. KLECKLEY (FOUNDER'S HALL #130A) OR MAIN OFFICE ~