

Peer Tutor Request Form Fall 08

Please neatly print the following information:

Date: _____

Course Name: _____

Instructor's Name: _____

What is your grade to date in this course? _____

Why do you feel you need a tutor?

What is your major? _____

Please circle if any of the following apply to you:

Transitions MAP KMA Disability Athlete International/Minority Travel Team

I understand that I will have certain responsibilities as a recipient of the peer tutoring program and will comply with these rules. (Please indicate by your signature below that the Tutoring Coordinator has your permission to contact your professor in this class.)

Print Name: _____

Signature: _____

Student ID: _____

Please return to Kerry Stream in the CBTS #225 or Cove Tutoring Center