

ADAMS STATE COLLEGE

ASC Tutoring Center Tutoring Request

Student ID _____

Semester/Year _____

Last Name _____

First Name _____

MI _____

Street/PO Box/Room #: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Office Use Only

| Course Number | Course Name | Class Time | Instructor | Tutor | Day/Time |
|---------------|-------------|------------|------------|-------|----------|
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Times You Are Available To Meet With A Tutor:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

I grant permission to the ASC Tutoring Center staff to secure any information pertinent to my participation in the program, including my final grade in the class I receive tutoring for. I understand that I must cooperate and attend all appointments made by this office and that if I fail to participate according to the program's expectations, I may be dropped from the program. The information provided above is accurate to my knowledge. All information will be kept confidential.

Student's Signature _____ Date _____