



Request for a Tutor

Adams State College
 Student Support Services
 Peer Tutoring Program

Student ID Number _____

 Last Name First Name MI

 Phone Number E-Mail Address

Tutorial Assistance Requested

	Course Title	Professor	Term/Year	Tutor Requested (optional)
Chem 111	Introduction to Chemistry	Dr. Moore	Spring 2009	John Doe

I prefer group tutoring
 I prefer individual tutoring
 No preference
 I only need tutoring on an as needed basis

I grant permission to the Student Support Services staff to secure any information pertinent to my academic success through the tutoring services provided. I understand that I must cooperate and attend all appointments made by this office, and that if I fail to participate, tutoring may be delayed in the future. The information provided above is accurate to my knowledge. All information will be kept confidential. **If you are not assigned a tutor within a week of request, please check back with SSS.**

Student's Signature _____ Date _____

I have read and understand the following (please initial to signify you have read and understand what is expected of you and your tutor as outlined on the form).

_____ Student Rights & Responsibilities

Peer Tutor Coordinator _____ Date: _____