

Tutee Application

Educational Services

NAME: _____
ADDRESS: _____
PHONE (Local): _____ E-MAIL: _____
COURSE NAME: _____ COURSE NUMBER: _____
INSTRUCTOR: _____
Times/Days available for Tutoring sessions: _____
Tutor Request if any: _____

**** **WALK-IN TUTOR LAB** open for your convenience Monday-Friday 12-5 p.m. located at the Virgil Henson Activities Center room 126****

Please answer the following:

1. Are you a first generation student? (If either of your parents graduated from a four-year college or university with a Bachelors Degree, you should answer, "No.")
_____Yes _____No
2. Are you income eligible? (Are you receiving Pell grants, grants, or other financial aid?)
_____Yes _____No
3. Do you have a documented disability? (Learning, physical, or emotional)
_____Yes _____No

If you answered **YES** to any of the above questions, you may be eligible for tutoring through Student Support Services. Before Educational Services can provide a tutor, you **need** to check with Student Support Services. Student Support Services is located in room 112 of the old sub, down the hall from the police station (where you get parking stickers). Their number is 651-2350.

Statement of Commitment to Educational Services:

****PLEASE READ THE FOLLOWING STATEMENT CAREFULLY. YOUR SIGNATURE STATES YOU UNDERSTAND THE NO-SHOW POLICY. ****

I, _____, in the event that I will be unable to keep my appointment, will notify Educational Services at 651-2341 within **24 hours before** the scheduled tutoring session. If I fail to contact Educational Services, I understand that after **two "no-shows"** I will be removed from the Tutor Assistance Program. I must then re-apply and will be assigned a tutor at the discretion of the Tutor Coordinator and the Director of Educational Services. Furthermore, if I request additional tutoring sessions that go beyond the time allotted per week for sessions, I must pay the tutor for those sessions.

SIGNATURE: _____ DATE: _____