

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 Student Success/Classroom Center room 106****

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 108 at the Student Success/Classroom Center, 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: _____