

Campus enrolled:  
Semester enrolled:

Main Campus  
Fall Spring

Ft. Campbell  
Fall 1 Fall 2  
Spring 1 Spring 2

## Request for Tutoring

**TRiO Student Support Services  
Austin Peay State University**



Name A# Today's Date  
E-Mail Cell Phone Home Phone

Select contact method preferred:

Do you give permission for the Tutor Coordinator to give a tutor your e-mail address?

Do you give permission for the Tutor Coordinator to give a tutor your phone number?

Course to be tutored (one form per request) Course # (ex. DSPM 0800)

Instructor Have you discussed your need of help with the course instructor?

Are you repeating this course?

Major Minor Advisor

\*TRiO SS provides individual tutoring in **regularly scheduled sessions**. Tutoring is **not available on a walk-in or as-needed basis**. By completing this tutorial request form, you are making commitment to attend all scheduled tutoring sessions unless prior arrangements have been made with your tutor or in case of an emergency.\*

**Please read the following carefully and sign below.**

I understand I am responsible for reporting to **every** scheduled tutoring session on time. **If I am unable to attend, I will notify my assigned tutor and the Tutor Coordinator to cancel at least 24 hours prior to my scheduled session.** I understand that tutoring is a semester long commitment requiring consistently good attendance. The Tutor Coordinator must give approval before the number of weekly sessions can be adjusted or the tutoring location changed.

**I understand that if I have a disability and require special accommodations, it is my responsibility to notify the Tutor Coordinator.**

**If I miss two or more sessions due to emergencies, it is my responsibility to schedule an appointment to meet with the Tutor Coordinator to discuss tutoring for the rest of the semester. I understand that if I miss two or more tutoring sessions without 24 hour notification, I may forfeit the opportunity to be tutored for the remainder of the semester.**

Signature

**Do not fill out below this line. For office use only.**

Tutor's name Date Assigned

Comments

**All tutoring will take place on-line. Indicate times you are available for on-line tutoring.**

**Note:** We use tutors from the Academic Support Center. All tutoring will be on-line through tutor.com.

Hours	Monday	Wednesday	Friday
9:05 – 10:00 AM			
10:10 – 11:05 AM			
11:15 – 12:10 PM			
12:20 – 1:15 PM			
1:25 – 2:20 PM			
2:30 – 3:25 PM			
3:35 – 4:30 PM			
	Tuesday	Thursday	
8:00 – 9:25 AM			
9:35 – 11:00 AM			
11:10 – 12:35 PM			
12:45 – 2:10 PM			
2:20 – 3:45 PM			

**Do not fill out below this line. For office use only.**

Request for Tutoring received \_\_\_\_\_  
Date

# of sessions completed \_\_\_\_\_

Tutoring schedule assigned \_\_\_\_\_  
Date

# of unscheduled absences \_\_\_\_\_

Additional contacts/Notes: \_\_\_\_\_

Final Grade:  A  B  C  D  F  FA  FN  I  W

Signature of Tutor Coordinator \_\_\_\_\_ Date \_\_\_\_\_