

EL CENTRO  TRIO /  RISING STAR **TUTORING REQUEST FORM**

SEMESTER: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

For course #1? \_\_\_\_\_  
name / number / section                      class times                      Instructor

For course #2? \_\_\_\_\_  
name / number / section                      class times                      instructor

Times available for tutoring (please list as many as possible):

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

By submitting this form I am giving my permission to the TRIO / Rising Star Tutor Coordinator to check my academic records and request a current grade report from my instructors.

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Staff Initials

**\* Please attach a copy of the student's current XADV report. Incomplete requests will not be considered. \***

**TO BE COMPLETED BY TUTOR COORDINATOR:**

Tutor #1: \_\_\_\_\_ Course Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ Days / Times: \_\_\_\_\_

Tutor #2: \_\_\_\_\_ Course Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ Days / Times: \_\_\_\_\_

Student notified: \_\_\_\_\_ Tutor notified: \_\_\_\_\_ Repeating course? Y N

Comments: \_\_\_\_\_