

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

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: _____