



# REQUEST FOR TUTORING

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

E-Mail address that you use \_\_\_\_\_ Phone # \_\_\_\_\_

Course(s) you need tutoring in \_\_\_\_\_

*Check below ALL times when you are AVAILABLE to meet with a tutor.*

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
Evening					

**I understand the following:**

**Please initial:**

- I can receive up to two hours of tutoring per week per course. \_\_\_\_\_
- I will come to tutoring sessions prepared: read assignments, attempt homework, and write down questions I may have. \_\_\_\_\_
- I will notify my tutor in advance if I will be late or unable to make my appointment. \_\_\_\_\_
- The tutor will not do my homework, assignments, or quizzes for me. \_\_\_\_\_
- I must meet on campus (not in the dorms) for my tutoring sessions. \_\_\_\_\_
- I give permission to the Center staff to speak with my instructors of classes for which I am receiving tutoring if necessary and to access my grades for reporting purposes. \_\_\_\_\_
- I will attend class regularly. Tutoring is not a substitute for class. \_\_\_\_\_
- The tutor may drop me if I miss two scheduled tutoring sessions. \_\_\_\_\_

**Learning Center, MCC Room 208  
874-6152 or LC@milescc.edu**

**Office Use**

Tutor assigned: _____	Tutor contact info: _____
Date submitted to LC _____	Date tutor was contacted: _____
Follow up:	