

# Tutor Request Form

Please print this form, complete and return to the Citrus College Learning Center tutoring desk, located in ED 216.

Date and Semester: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Student ID number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Number and Street

Apt. number

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Classes to be Tutored:**

**Instructor Name:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to use Online Tutoring?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you referred by: \_\_\_\_\_ Staff? \_\_\_\_\_ Counselor? \_\_\_\_\_ Instructor?

**To be completed by instructor or counselor:**

"In my professional opinion, this student's academic success will partially depend upon tutorial assistance."

Instructor's or Counselor's Signature: \_\_\_\_\_

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

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**To be completed by student seeking assistance:**

Briefly describe course(s) and areas with which you need assistance: \_\_\_\_\_

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Learning Center Staff Verification: \_\_\_\_\_

**OFFICE USE ONLY:** Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Noncredit Subject Request Form \_\_\_\_\_