

**“Request for Tutor”
Form**

NAME: _____

DATE: _____

Semester for which tutoring is needed: _____ Spring _____ Summer _____ Fall

Course(s) for which tutoring is needed:

1)

2)

3)

4)

5)

Days and times you are available for tutoring:

() Monday Time: _____

() Tuesday Time: _____

() Wednesday Time: _____

() Thursday Time: _____

() Friday Time: _____

Are you willing to participate in group tutoring? _____yes _____no

Comments:

Signed: _____

Please return completed form to the Bridges Coordinator