

TRiO Student Support Services – Tutor/Workshop/Mentor Request

Date: _____ Semester: _____

Student Name: _____ Email: _____

Phone number: _____ Cell: _____

Tutoring Request: Class Title & class # (Example MAT 104) (Hours per week 2)

Class title & # _____ Hours of tutoring per week _____

Class title & # _____ Hours of tutoring per week _____

Workshop topic _____ Mentor request _____

Tutoring/Meeting Times: Please complete the grid below indicating when you can meet with a tutor. Indicate the times available by putting “**OPEN**” in the grid spaces. We will select tutoring times from your list of openings. Adjust and mark times in grid as necessary.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 AM					
9:00 AM					
10:00 AM					
11:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
4:00 PM					
5:00 PM					
6:00 PM					

Coordinator Comments: _____

Tutor(s) Assigned: _____ Copy to tutor _____

Help Lab location _____ Date _____

