

REQUEST FORM – TUTOR

Please complete this form if you are a Scholarship/TAP athlete who requests to see a tutor.

Name:					
SID:					
Sport:					
Coach:					
Faculty & Degree:					
Phone:					
Email:					
Reason you would like to see a tutor:					
Have you seen a tutor before?					
Preferred appointment time (please circle):	Mon am pm	Tues am pm	Wed am pm	Thurs am pm	Fri am pm
Do you have a specific tutor you would prefer?					
Specific assignments/exams you will need tutoring for:					
Subject Code and Name:	Lecturer:				Assessment Item:

OFFICE USE ONLY:

Signed

Date Requested

Appointment day/time/tutor: _____