Tutoring Request Form

Name (print): _______________________________    Date: ________________

Email Address: _______________________________    Phone#: ________________

Courses for which you are requesting tutoring: Please list specific course ‘s and teacher names:
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

Welcome to the Tutoring Program at AIC. We look forward to working with you and assisting you in
achieving your academic goals. In order to provide you with the best tutoring experience possible, we
need your cooperation. Please read the following information carefully.

➢ Students must come to each tutoring session on time and prepared with syllabus, books, notes
   and other important class materials.
➢ Students will notify their tutor at least 12 hours in advance if they will be unable to attend a
   tutoring session.
➢ Asking a student tutor to complete assignments for you constitutes academic dishonesty.

The Tutoring Program will make every effort to match you with a tutor. We cannot, however, guarantee
that a tutor will be available in every subject. Please sign below to indicate you have read this.

Signature: ________________________________  Ace Program Member?  Y  N

****************** Please indicate below the times you ARE available for tutoring******************

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See Reverse Side
Student Information

Last Name: ____________________________  First Name: ____________________________  M.I. ____________

Student ID#:  S00000______________

Residence:

Home Address:  ________________________________________________________________

Dorm Address: _____________________________________________ Room #______________

        Campus Box # ________________

Education Information:

Major:  ____________________________________________  Advisor:  ____________________________________________

Minor:  ________________________________

Year: (circle one)  Freshman  Sophomore  Junior  Senior  Graduate

Expected Year of Graduation: ________________________________

Do you play sports? If so, which ones? ________________________________

How did you hear about the Tutoring Program? ________________________________