## Tutor Request Form Office of Student Assistance

Name	Trimester													
Date of Request	Classification													
Major	A 1 :													
E-mail address														
Address (on campus)														
Residence Hall Room#	Box# Phone													
Address (off campus)														
Street	City													
ZIP	Phone													
Course(s) for which you are requesting a tutor:														
1	Instructor													
2														
3.	lu stavske n													
Briefly describe the problems that you are having in the course(s):														
An														
Are you willing to spend at least two hours a week in tutoring for this class?														
FOR OFFICE USE ONLY														
TUTOR ASSIGNED: 1 2	3													
DATE ASSIGNED: 1 2														
TIME: 1 2														
PLACE: 1 2														
DATE OF FIRST SESSION: 1.														
DATE INSTRUCTOR NOTIFIED: 1	3													
Misc. information														

## TUTORING AGREEMENT

I, \_\_\_\_\_\_, am aware that tutorial assistance from the Office of Student Assistance (OSA) is offered at NO CHARGE and is subject to availability of a tutor in the course. Upon receiving tutoring, I promise to comply with the following regulations of this tutorial program. Failure to do so may result in my termination from tutoring. If there is any issue that arises during the tutorial sessions, I will contact the OSA STAFF to discuss the matter.

- 1. *PUNCTUALITY*: I will be on time for each assigned session. If I am more than ten minutes late an excessive number of times, I will be dropped from tutoring services.
- 2. ATTENDANCE: I will attend each assigned session. IF I DO NOT NOTIFY THE DEPARTMENT OF MY ABSENCE, I WILL POSSIBLY BE DROPPED FROM TUTORING SERVICES and <u>must call the OSA staff as soon as possible to reinstate</u> my tutoring since my tutor will not attend the next session unless informed the day before my next meeting time
  - a. I will call the OSA staff (not the tutor) 2 hours before my session if I must miss. (Call 318-6208 if no answer)
  - b. I understand that the OSA staff may check on grades and attendance of previous classes that may have a bearing on my present request. The classroom attendance and the attendance of tutoring sessions will determine the continuance of tutoring privileges.
  - c. the tutoring session should be considered as a class as far as attendance is concerned. I should make all personal appointments around this time. All other class, work and personal appointments should be scheduled around this time.
  - d. If I miss more than 3 classes in the regular classroom or 2 night classes and/ or 2 tutoring sessions (even cancellations), I must bring a doctor's note for my illness or a family member's illness, or an employer's not for missing due to work.
  - e. Periodically, the tutor will check on my progress with the instructor and all information will be held strictly confidential within the department.
- 3. CHECK-IN: I will sign for each attend,
- 4. CHANGES IN THE SCHEDULED SESSIONS: Any change in my scheduled session must be approved by the OSA staff.
- 5. *TERMINATION OF SESSIONS:* If I decide to terminate the sessions, I will notify the Office of Student Assistance before the next session.
- 6. *EVALUATION OF TUTOR*: I will complete my tutor evaluation sheet at the close of the last assigned tutoring session of the trimester and submit it to the Office of Student Assistance. I understand that this form is important for departmental. Institutional and federal reports.

<u>Before attending the first tutoring session, a student must call or confer with OSA staff in</u> <u>Room 133 to make sure the tutor has completed all the paperwork.</u> DAILY SCHEDULE

THIS IS IMPORTANT!	I WINA															_			-		-		
Please fill out with ALL your courses. Also, include work time and any other scheduled activity. THIS IS IMPORTANTI MONDAY   TUESDAY   WEDNESDAY   THITESDAY   THITESDAY   THITESDAY	TUTENOIT		•																-				-
<u>de work time and any</u> WEDNESDAY				CHAPEL																			
<i>TUESDAY</i>																							
e fill out with ALL yo MONDAY	-																						
TIME Plea		8:00	8:30	9:00/:20	9:30	10:00/:15	10:30	11:00	11:30/:45	12:00/:15	12:30	1:00/1:05	1:15	2:00	2:35/:45	3:00	3:15/:30	4:00	4:30	5:00	5:30	5:55	6:30