

**Oklahoma City Community College
TRiO Student Support Services
Request for Tutoring**

Name: _____ Date: _____ Semester: _____

Phone: _____ Email: _____

Preferred Method of Contact (check one): Phone Email

Please indicate the reason for your tutoring request: (check all that apply)

- Test Preparation Homework Assistance Completing Labs
 Writing/Researching a Paper Preparing a Project Other _____

How often would you like tutoring? (Check one, and indicate the desired length of session)

- Weekly (for _____ hours) Twice a week (for _____ hours)
 Every Other Week (for _____ hours) One Time Appointment (for _____ hours)
 Other, Please Specify _____

Courses Needing Tutoring Assistance:

Course Name: _____ Instructor: _____

Course Name: _____ Instructor: _____

Course Name: _____ Instructor: _____

Please attach a copy of your syllabus for the course(s) for which you are requesting tutoring.

Availability for tutoring: please list **all possible times** you are available to attend tutoring sessions. Be sure to consider class, work hours, and family obligations and indicate your first choice of time if you have a preference.

Monday	Tuesday	Wednesday	Thursday	Friday

I realize that it is my responsibility to check on my tutoring request. After my tutoring is arranged, I will complete the Statement of Commitment Form for TRiO.

Signature: _____ Date: _____

For office use only			
Date Filled		Tutor	
Appointment Day & Time		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> One Time Appointment	