

FGCU Adaptive Services

Tutoring Request Form

Student Name: _____ Phone Number: _____

Semester: _____ Email: _____

Days Available	Monday	Tuesday	Wednesday	Thursday	Friday
Times Available					

Class: _____

Days:	Time	Tutor	Tutor Contact Information	Alternate Time	Tutor	Tutor Contact Information
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Class: _____

Days:	Time	Tutor	Tutor Contact Information	Alternate Time	Tutor	Tutor Contact Information
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

I understand that tutoring for the above class(es) will not exceed one hour a session, two times per week, without consent from the Director of Adaptive Services. I also understand that if I fail to show up or fail to give at least 24 hours notice if cancelling a scheduled tutoring session, or if I am more than 15 minutes late for a session, I will be dropped from the tutoring schedule and will have to send in another request. I also will come prepared for the tutoring session by having questions ready, homework completed, or other assignments ready to discuss with the tutor. Finally, I understand that all sessions will take place in an area chosen by both me and my tutor and that I must adhere to all policies and procedures for that location.

Student Signature: _____ Date: _____