

Date & Semester \_\_\_\_\_

Name \_\_\_\_\_ Citrus ID No. \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Phone: Home ( ) \_\_\_\_\_  
Number & Street Apt. # City Zip Code  
 Contact/Cell ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Classes to be tutored:

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Name of instructor:

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To be completed for instructor or counselor referral:

In my professional opinion, this student's academic success will partially depend upon tutorial assistance. I recommend the following assistances: \_\_\_\_\_

Instructor's or Counselor's Signature

**TUTEE RESPONSIBILITY**

Before receiving tutoring, a tutor request form must be completed and submitted to tutorial services each semester.

- **APPOINTMENTS** made with a minimum of 24 hours – not more than 4 days in advance.
- **MAXIMUM** two hours per week per subject
- **TUTORING** appointment may have up to 3 students per session
- **TUTOR** will only wait 15 minutes after the hour, you'll be considered a **NO SHOW** after 15 minutes.
- **ONLY THREE (3) NO SHOWS PER SEMESTER – after 3 NO SHOWS – NO TUTORING**
- **ONLY THREE (3) CANCELLATIONS PER SEMESTER – after 3 CANCELLATIONS – NO TUTORING**
- **YOU MUST** bring your student ID card – **NO ID CARD – NO TUTORING**
- **COME** prepared – bring textbook, questions, and class notes

Please sign if you have read and understood the above.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY:**

Date Received: Non Credit Subject Request Form \_\_\_\_\_ Tutor Request \_\_\_\_\_ Received by: \_\_\_\_\_