



## TUTORING REQUEST FORM

SBU students are permitted to receive on-campus tutoring by designated and approved student tutors, faculty members or other instructional personnel. All tutoring functions will be coordinated by the Office of Student Services and Academic Offices, and provided to requesting students at no charge.

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Date of Application \_\_\_\_\_ Current Quarter \_\_\_\_\_

Language Program Enrollment \_\_\_\_\_ Ideal Start Date \_\_\_\_\_

Are you currently receiving Financial Aid? \_\_\_\_\_

Reason for request-please be specific \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Area(s) or subject(s) you would like help with

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Please fill in your preferred hours to be tutored below

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Preferred Hours					

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any questions should be directed to the Academic Dean.

### **For Official Use Only by the Academic Office**

Student's CGPA? \_\_\_\_\_

Is the student currently on Academic Probation? \_\_\_\_\_ Is the student re-taking a class due to failure? \_\_\_\_\_

Is the student currently receiving a grade of C or lower?

Documented disability status \_\_\_\_\_

Other Circumstances, as approved by the Academic Dean

Application Approved/Denied? \_\_\_\_\_ Reason(s) why \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_