

TUTOR REQUEST FORM – FALL 2006

Name _____ Date _____

SID _____ Email _____

Campus/Local Address _____

Phone _____ Major/Year Graduating _____

Permanent Address _____

**Please check the schedule for group tutoring sessions.
You need to participate in these sessions
at least two times prior to requesting an individual tutor
(be sure to sign in at these sessions).**

**We make every effort to satisfy all tutoring needs.
If we cannot immediately fulfill your request,
you will be notified and placed on a waiting list.**

| Course Name | Course # | Instructor |
|-------------|----------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Please return this form to Library Rm. L05. If you have any questions, contact
Tutoring Services at tutoring@siena.edu or at 782-5769**

COORDINATOR NOTES: