



TUTORING REQUEST FORM

Tutoring Center
Location: A-8
Phone: 360-752-8499
Email: tutoring@btc.ctc.edu

Complete and submit to the Tutoring Center.

Student Name _____ Student ID _____

E-mail _____ Day Phone _____

Course I need help with _____

Instructor for this course _____

Program I am enrolled in _____

Quarter: Su ☐ F ☐ W ☐ Sp ☐ Year _____

Student must be attending class and working on assignments to receive tutoring. Tutoring will be provided in the Tutoring Center during the drop in hours or in a designated location by special arrangement.

Please check all hours you are available for tutoring.

Days	9:00a-10:00a	10:00a-11:00a	11:00a-12:00p	12:00p-1:00p	1:00p-2:00p	2:00p-3:00p	3:00p - 4:00p	4:00p - 5:00p	5:00p - 6:00p	Other Availability
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										

Student Type (please check all boxes that apply):

- Disability
 Economically Disadvantaged
 Single parent
 Displaced Homemaker
 Nontraditional by Gender
 Limited English Proficiency
 Other Barriers to Academic Achievement

I understand that my instructor may release information about my class progress and attendance to my tutor and to the Tutoring Center and that my phone number and e-mail address may also be given to my tutor.

Student Signature _____ Date _____

Outcome/Action Taken		
Assigned to Drop-In Tutoring <input type="checkbox"/>	Hours/wk _____	Availability _____
Matched with tutor <input type="checkbox"/>	Hours/wk _____	Tutor: _____ Location: _____
Matched with Carl Perkins Instructional Assistant <input type="checkbox"/>	Hours/wk _____	
Tutoring Staff Approval _____	Date _____	Request # _____