

Name: _____ Year: _____ Semester: fall spring summer I summer II

**COASTAL BEND COLLEGE
STUDENT SUCCESS CENTER TUTOR PROGRAM
TUTOR REQUEST FORM**

PLEASE PRINT

Request Date _____ Fall _____ Spring _____ Desired Start Date _____

Name _____ Student ID _____

Street Address _____ City _____ State _____ Zip _____

Telephone Number: Home _____ Cell _____

Email _____ Major _____

Are you a TRiO Student? YES or NO

List the course in which you are requesting tutoring:

Course/Number _____ Time _____ Instructor _____

Have you taken this class before? (Yes) (No) If yes, when, and what was your grade? _____

One-on-one and group tutoring services are available for CBC students. Based on use and resources, limits on tutoring may be imposed. Complete and sign this form and return to the Tutor Coordinator. The coordinator will provide tutor availability information to you within three business days. All sessions are to be held in the Tutoring Lab, Student Success Center, library or any other approved work area at CBC.

By signing the signature line below I accept the following terms:

- I will do my best by attending classes on a regular basis and completing my assignments.
- I agree to be prepared for my tutoring sessions by identifying areas of focus, and to bring relevant textbooks, syllabi, materials, and assignments to each tutoring session.
- I agree to meet **at CBC and at my assigned tutoring location** for all tutoring assignments.
- I will notify my tutor or Tutor Coordinator at 361-354-2272 (Beeville), 361-664-2981, ext. 3045 (Alice), 361-592-1615, ext. 4032 (Kingsville) or 830-569-4222, ext. 1203 (Pleasanton) IN ADVANCE if I cannot make my appointment.
- I will be conscious of tardiness; tutoring sessions begin at the assigned time. If I am late, the Tutor will wait 15 minutes after which I will be considered a “no show” and an **unexcused absence** will be put in my file. I understand that three unexcused absences will result in me losing my one-on-one tutoring services.
- I will provide the Center with an evaluation of tutoring services and my tutor’s performance upon request.

I certify that I agree to the terms and conditions in this Agreement. Failure to comply with one or more of the responsibilities outlined above may result in me being dropped from the Tutor Program.

STUDENT SIGNATURE _____ **DATE** _____

See reverse side

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PLEASE INDICATE YOUR AVAILABILITY FOR RECEIVING TUTORING BETWEEN 8:00 AM AND 8:00 PM BY CHECKING BOXES IF YOU'RE AVAILABLE.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00 pm					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					
6:00					
6:30-8:00 pm					

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ REQUEST ACCEPTED: yes / no If no, why? _____

ASSIGNMENT DATE: _____ TUTOR ASSIGNED: _____

TUTORING TIME/ LOCATION: _____

