

## Calumet College of St. Joseph Tutoring Center Request for Tutorial Assistance

Long Term \_\_\_\_\_ Short Term \_\_\_\_\_ Date tutoring requested: \_\_\_\_\_

Name: \_\_\_\_\_  
First Last

Phone number: (\_\_\_\_\_) \_\_\_\_\_;

Alternative phone number: (\_\_\_\_\_) \_\_\_\_\_

CCSJ email address: \_\_\_\_\_@ccsj.edu

Alternate email address: \_\_\_\_\_

**Please circle your classification:**

Freshman          Sophomore          Junior          Senior          Graduate  
    Student/Accelerated

Do you need assistance with Speech Lab? \_\_\_\_\_

**Subject(s) where tutoring is requested:**

Course name and #: \_\_\_\_\_ Professor's name \_\_\_\_\_

Course name and #: \_\_\_\_\_ Professor's name \_\_\_\_\_

Course name and #: \_\_\_\_\_ Professor's name \_\_\_\_\_

**Times available for tutoring**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>9:00-10:00</b>					
<b>10:00-11:00</b>					
<b>11:00-12:00</b>					
<b>12:00-1:00</b>					
<b>1:00-2:00</b>					
<b>2:00-3:00</b>					
<b>3:00-4:00</b>					
<b>4:00-5:00</b>					
<b>5:00-6:00</b>	Center closed		Center closed		Center closed
<b>6:00-7:00</b>	Center closed		Center closed		Center closed

I understand that the CCSJ Tutoring Center may not be able to provide tutoring for all of my tutoring needs. Tutoring for specialized subjects may be contingent upon tutor availability.

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

**For department use only:**  
 Student was contacted: \_\_\_\_\_  
 Assigned tutor: \_\_\_\_\_  
 Staff signature \_\_\_\_\_ Date \_\_\_\_\_