

## **REQUEST FOR TUTORING**

Tutoring is provided free of charge to Hope College of Arts & Sciences' students. You may receive tutoring as long as you are "active" status as an enrolled student at HCAS.

Date of Request:  Student Name:						Phone Number:					
						School E-Mail:					
Referred By:		□ Self			Instru	ictor [		Academic Advisor			Other
If not r	referred by se	lf (stuc	lent), pleas	e give na	ame of p	oerson	referri	ng stud	lent:		
REAS	ON FOR TU	ΓORIN	NG:								
TOPIC	C(S) REQUES	STED 1	FOR TUTO	ORING:							
STUD	ENT AVAIL	ABLE	DATES/T	IMES: _							
Please	check ONE	of the f	following a	nd then s	sign bel	ow.					
	I AM ASKING FOR TUTORING AND WILL COMMIT TO ATTENDING SCHEDULED										ULED
	TUTORING SESSIONS. I HAVE BEEN REFERRED FOR TUTORING AND WILL COMMIT TO ATTENDING SCHEDULED TUTORING SESSIONS.										
	I HAVE BEEN REFERRED FOR TUTORING BUT DECLINE THE SERVICE AT THIS TIME. I KNOW THAT I CAN STILL REQUEST TUTORING AT ANY TIME IN THE FUTURE, AS LONG AS I AM ACTIVELY ENROLLED AT HCAS.										
CTI ID	ENT SIGNA'	TUDE							DATE:		