

REQUEST FOR TUTORING

NAME: _____ SSN: _____

EMAIL: _____

PHONE NUMBER: _____

ADDRESS: _____

TODAY'S DATE: _____ SEMESTER: _____

COLLEGE: (Circle 1) A&S AG BU ED ENGR HES UAS

MAJOR: _____

For which classes are you requesting a tutor?

Course Number	Course Title	Instructor(s)

Why are you requesting a tutor?

Are you a transfer student (seven or more hours at another institution before OSU)?

If yes, from which school did you transfer?

How did you become aware of the tutoring program?

What other resources are you using (for example, other tutoring programs, the MLRC, etc.) in your classes?

I have read and understand the "Free Academic Tutoring Services Agreement" with the conditions set forth by University Academic Services on the back of this form and have provided the requested information above. I understand that if I do not abide by this agreement I risk losing the services provided by this program.

Signature

Date