



## Tutorial Services Tutor Request

Last Name	First Name	S Number	Phone	E-mail

Class	Section	Time	Instructor

**1. Please answer all questions:**

- What is your major?
- What difficulties are you having or do you expect to have in this class?
- Are there any special circumstances you want us to know prior to tutoring?
- Which days/times might you be available for tutoring sessions?

**2. Make an appointment to meet with the Coordinator of Tutorial Services** to discuss your request and determine appropriate academic support: **303-797-5824**.

**3. Eligibility Policy:** Free academic assistance in occupational and transfer degree programs is available to students who have a verifiable need. **Students must follow CPT placement recommendations and/or fulfill pre-requisite courses to qualify for tutoring.**

I hereby authorize Tutorial Services to share information from my records with other Arapahoe Community College staff members, tutors, and instructors on a need to know basis to assist in the provision of appropriate services. I understand that these records are necessary for the determination of special services, academic assistance, educational interventions, and/or referral to other resources.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_