

TUTEE INFORMATION SHEET

NEW TUTEE
APPROVED
NOT APPROVED

DATE _____

ID# _____ SEMESTER _____

NAME _____ EMAIL _____ vcat.cvcc.edu

ADDRESS _____ ALTERNATE EMAIL _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

COURSE YOU NEED A TUTOR FOR: _____

INSTRUCTOR'S NAME: _____

CHECK ONE: NEW COURSE _____ RETAKING COURSE _____

IF RETAKING THE CLASS, FORMER INSTRUCTOR'S NAME: _____

****IMPORTANT:** Are you under the age of 18? YES NO

INDICATE TIMES AVAILABLE FOR TUTORING BELOW

Time	Sunday	Monday	Tuesday	Wed.	Thurs.	Friday	Sat.	Time

TUTOR REQUESTED: _____

TUTOR ASSIGNED: _____

NOTES: _____



DATE APPROVAL EMAIL SENT: _____ RETAKE EMAIL SENT: _____

NEW TUTEE:

ATTENDED TUTEE ORIENTATION: _____

RETURNING TUTEE:

Wanda Horvath Student: YES