

MINOT STATE UNIVERSITY
TUTOR REQUEST

DATE:	NAID:	TERM:
NAME:	MAJOR:	OVERALL GPA:
ADDRESS:	YEAR IN COLLEGE:	EMAIL ADDRESS:
BEST TIMES TO CONTACT:	PHONE:	ALTERNATE PHONE:

For which classes are you requesting a tutor?

Course	Course Title	Instructor(s)
Math 103	College Algebra	Mr. Smith

Why are you requesting a tutor?

What are your expectations of the tutoring process?

Who referred you to the tutoring program?

Are you currently receiving services from Student Development? Yes ___ No ___

Are you currently receiving services from Vocational Rehabilitation? Yes ___ No ___

Who is your VR Counselor?

Are you currently receiving services from the TRIO Program? Yes ___ No ___

Who is your TRIO Specialist?

DS ONLY

Tutor assigned/date: _____/_____

Tutor phone number: _____

Student canceled request/date: _____/_____

Reason: _____

January 6, 2004