URSULINE CENTER FOR TEACHING AND LEARNING THE LEARNING CENTER ONLINE TUTORING SERVICES REQUEST FORM

| Student Name: | Reachable Phone #: | | | |
|--|-----------------------------------|--|------------------------|--|
| Tutoring requested for (course): | | Brescia E-mail: | | |
| Course Schedule: (Course #, Day/Tir | ne, Instructor) | | | |
| Course # | Day/Time | Instructor | | |
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| Sunday 6 – 9pm. All times are in the choices to reflect the central time zo | no. | de day and time on each line. P | • • | |
| For TLC TUTOR USE ONLY | : | ************************************** | | |
| : every wee | | | | |
| provided to you by the Tutoring Ser | vices Coordinator after you co | ompiete the registration). Do i | not miss the schedulet | |
| tutoring sessions! | | | | |
| ************************************** | ********* | ********* | ******* | |
| If you cannot be present for a tutorin 686-9573 and leave a message. Office Tutoring Services Coordinator at shape | e hours are Monday – Friday fi | <u> </u> | | |
| Also, understand that any tutoring seinformed of each absence. | ession will be discontinued if yo | ou miss <u>three (3)</u> sessions. Your | instructor will be | |
| I understand the above and am willing | ng to comply with the Ursuline | Center for Teaching and Learni | ng policies. | |
| Student Signature: | | Date: | | |