

SOUTHEASTERN COMMUNITY
COLLEGE
PEER TUTORING REQUEST

For Office Use Only **TRIO**
Matched with:

Name: _____

Date: _____

Phone: _____

(One request per course.)

I, _____, understand that a peer tutor is being hired specifically upon my request. Therefore, once an agreement has been made as to the tutoring time(s), I will make every effort to meet with the tutor or I will call the SuCCess Center (Ext. #5157) beforehand to let the tutor know that I am unable to attend that session.

Subject needing tutoring: _____

Instructor for course: _____

How many hours a week would you like tutoring?

What is your major? _____

Do you plan to transfer to a 4 year university upon completion of your SCC degree?

____ yes ____ no Did you receive a PELL Grant? ____ yes ____ no

Do either of your parents have a bachelor's degree? ____ neither ____ one/both

PLEASE ATTACH A COPY OF YOUR CURRENT SCHEDULE.

Times when you could meet with a tutor.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Signature