## **GRCC**

Appointment Scheduled By:\_\_

# **Tutor Request Form**

### **Academic Support & Tutoring Services**

GRCC Library, 2nd Floor, Room 232

Office: (616) 234-4145 • Fax: (616) 234-4110 • Email: tutoring@grcc.edu

#### **Office Hours:**

Monday - Thursday 8:00 a.m. - 5:00 p.m. Friday 8:00 a.m. - 4:00 p.m.

Student								
Student ID #:	Date:	Semester:						
Name:	(Last)	(Preferred Name and/or Pronoun (Optional))						
Home #:	Mobile #:							
GRCC Email:	@email.grcc.edu							
Course Information								
Course(s) to be tutored:		Instructor's Name:						
	Signature							
I have received a copy of the <u>Student Responsibilities for Tutoring</u> sheet and have read all ten sections thoroughly. I understand what is expected of me when a tutor has been assigned.								
(Student's Initials) As a courtesy to your	instructor, we will be informing	g them that you will be receiving tutoring services.						
	nat I need tutoring services for	s office staff to release information regarding as well as my contact information from this form,						
Student signature:	udent signature:Date:							
Office Use								
Intake By:	Date:	Special Instructions						
Instructor Email Sent By:	Date:							

Date:

### **Please Read Carefully:**

Please write the letters **FT** (Free Time) when you are available to be tutored and list your current semester class schedule and instructors. See the example in the last column.

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	EXAMPLE
8:00 - 8:30 am						<b>†</b>
8:30 - 9:00						
9:00 - 9:30						
9:30 - 10:00						
10:00 - 10:30						Ìz
10:30 - 11:00						MA 110
11:00 - 11:30						
11:30 - 12:00 pm						l l°
12:00 - 12:30						,
12:30 - 1:00						
1:00 - 1:30						1 m
1:30 - 2:00						
2:00 - 2:30						BI 205
2:30 - 3:00						
3:00 - 3:30						<b>†</b>
3:30 - 4:00						ļ <u>п</u>
4:00 - 4:30						
4:30 - 5:00						
5:00 - 5:30						
5:30 - 6:00						<b>†</b>
6:00 - 6:30						WORK
6:30 - 7:00						
7:00 - 7:30						
7:30 - 8:00 pm						