Please download form and fill out completely. Save completed form and attach to an email to tutoring@cod.edu or stop by the Tutoring Desk inside the Learning Commons, SRC 2102, to complete the form in person.

COLLEGE OF DuPAGE TUTORING SERVICES
in the Learning Commons · SRC 2102
Phone: 630-942-3686 · Fax: 630-942-3749
tutoring@cod.edu

FOR OFFICE USE ONLY:
Begin _____/_____
End _____/_____
Verified _____ Initials _____
S____ R____ A____

TUTORING SERVICES REQUEST FORM

Fall 2017

NAME _____
Last First

PREFERRED PHONE (_____) _____ - _____

COD E-MAIL _____**@dupage.edu**

STUDENT ID # ____ ____ ____ ____ ____ ____ ____

COURSE NAME:_____ **COURSE #:**_____
Example: MATH 0482
Complete one form per course.

If you are a student with a "blue card" from the COD Center for Access and Accommodations, check here ☐

APPOINTMENTS are 50 MINUTES and ACCOMMODATE UP TO 3 STUDENTS.
Check ✓ all boxes indicating your availability for an appointment.

Appointment Start Time ›››	9 am	10 am	11 am	Noon	1 pm	2 pm	3 pm	4 pm	5 pm
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

Available upon request given tutor availability: Mon through Fri 8 a.m., Mon through Thurs 6 and 7 p.m., Sat 9, 10 and 11 a.m.

Please Initial:

____I will call 630-942-3686 at least 24 hours in advance to reschedule or cancel

____If I miss 2 appointments without calling or if I cancel 3 appointments, I may not receive tutoring appointments for the remainder of the semester; but I may attend Drop-In or online tutoring if offered for this course.

____I may receive a maximum of three 50-minute appointments per week.

I understand that:

- I must be enrolled in the COD developmental or college-level course for which I am requesting assistance.
- There is no guarantee I will obtain a better or even a passing grade in the course for which I receive assistance.
- Restrictions may apply based on availability of tutors, locations, dates and times.
- Printed session logs are available upon request.
- The above information is kept confidential.
- Services are free of charge.

☐ **By checking this box I acknowledge that I have read and agree to the above terms.**

Send Form

FOR OFFICE USE ONLY:

Student requests: ☐ one appt only: appt date _____ ☐ recurring appts _____ ☐ keep on file for future ☐ DI

Request Filled on _____/_____/_____ Initials _____

Action:	Printed Appt. Confirmation		Drop-In Flyer			Online Flyer		Confirmed By Phone			Circle all that apply
	Received	Declined	Received	Declined	Verbal	Received	Declined	Tutee	LVM	Other	E-mailed / Mailed Appt. Conf. Drop-In Flyer Online Flyer
Date:											
Initials:											