

## TUTORING REQUEST FORM

Circle Applicable Semester: **FALL 2009** • **SPRING 2010** • **SUMMER 2010**

NAME \_\_\_\_\_  
Last First

myACCESS ID \_\_\_\_\_

PREFERRED PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

COURSE \_\_\_\_\_

Complete one form per course. (Example: Math 0482)

**I WOULD LIKE TO (check all that apply):**

\_\_\_\_ USE THE DROP-IN TUTORING SESSIONS IF OFFERED.

\_\_\_\_ USE THE RESOURCES IN THE TUTORING CENTER.

\_\_\_\_ MAKE AN APPOINTMENT IN THE TUTORING CENTER.

Check  all boxes indicating your availability for an appointment.

	8-9 a.m.	9-10 a.m.	10-11 a.m.	11 a.m. - Noon	Noon - 1 p.m.	1-2 p.m.	2-3 p.m.	3-4 p.m.	4-5 p.m.	5-6 p.m.	6-7 p.m.	7-8 p.m.
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												

I am receiving help from my instructor outside of class:  Yes. I will continue to do so as needed throughout the semester.

No. I will contact my instructor as soon as possible.

I heard about tutoring from:  using Peer Tutoring in the past.  my C.O.D. teacher.  my C.O.D. counselor.  Special Student Services.  
 C.O.D. staff.  another student.  friend.  brochure.  poster.  flyer.  newspaper.  
 C.O.D. website.  General Adviser.  postcard.  class visitor.

To help my tutor better prepare for our session, I would like him or her to know that I am a student (check ONLY ONE):

\_\_\_\_ with disabilities with documentation on file in the C.O.D. Office of Special Student Services.

\_\_\_\_ on C.O.D. academic warning, probation or have been dropped for low scholarship and reinstated.

\_\_\_\_ who is enrolled in developmental course/s (typically numbered below 1100) and concurrently enrolled in college-level course/s (typically numbered 1100 or above).

\_\_\_\_ who is performing at a below-average level in this course.

\_\_\_\_ who would like to continue doing well or improve in this course.

I understand that:

- I will call (630) 942-3686 at least 24 hours in advance to reschedule or cancel.
- I may not receive tutoring for the remainder of the semester if I miss 2 sessions without calling or if I cancel 3 sessions.
- Most tutoring appointments accommodate up to 3 students.
- Most correspondence regarding this request will be via MyCOD e-mail account.
- I must be enrolled in the C.O.D. developmental or college-level course for which I am requesting tutoring.
- Tutoring restrictions may apply based on availability of tutor/s, location/s, date/s, and time/s.
- Printed session logs are available upon request.
- There is no guarantee I will obtain a better or even a passing grade in the course for which I receive tutoring.
- All information is kept confidential.
- The above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Student Signature

Award-Winning Tutoring Program as recognized by the National Tutoring Association, IVC Tutor, and College of DuPage

**FOR OFFICE USE ONLY:**

Request Filled on ____ / ____ / ____		
Date	Initials	Notes:

Verified:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Begin \_\_\_\_\_  
 End \_\_\_\_\_  
 Initials \_\_\_\_\_

