Mitchell COMMUNITY COLLEGE

MIND Center Application for Tutoring

Please complete both pages of this form.

Year and Term

20_____ ☐ Fall ☐ Spring ☐ Summer Student ID# _____

Preferred Campus for Tutoring

☐ Statesville ☐Mooresville

Last Name _____ First Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work or Cell Phone # _____

E-mail _____

Degree Code_____ For Summer Only: ☐ 1st Four weeks ☐ 2nd Four weeks ☐ Eight weeks

List Courses in Which You Need Assistance and Instructor

Course	Instructor's Name	Course	Instructor's Name

In the space provided below, please list your class and work schedule and mark the box ☒ to indicate the times you are available to meet with a tutor.

TIME	Monday	Tuesday	Wednesday	Thursday	Friday
8a	☐	☐	☐	☐	☐
9a	☐	☐	☐	☐	☐
10a	☐	☐	☐	☐	☐
11a	☐	☐	☐	☐	☐
12p	☐	☐	☐	☐	☐
1p	☐	☐	☐	☐	☐
2p	☐	☐	☐	☐	☐
3p	☐	☐	☐	☐	☐
4p	☐	☐	☐	☐	
5p	☐	☐	☐	☐	
6p	☐	☐	☐	☐	

Name _____

Tutor assignments are contingent upon the availability of tutors in your requested subject area. By accepting a regularly scheduled appointment, you will be bound to the policies and procedures set forth by the MIND Center. A thorough review of these policies and procedures will be made available to you during your first regularly scheduled tutoring session. Please read the following and provide your signature below. By doing so, your application will be placed in the active file, and we will do our best to find you a tutor as quickly as possible.

Before accepting a tutoring assignment, understand that tutoring privileges may be revoked at any time for the following reasons at the discretion of the coordinator (this is a partial list).

You will forfeit your tutoring privileges . . .

- **If you miss you first appointment without notifying the MIND Center.**
- **If during the course of the semester you miss two appointments without notifying the MIND Center.**
- **If you cancel two appointments less than 120 minutes prior to your tutoring session.**
- **If you habitually report unprepared for you tutoring sessions.**
- **If you repeatedly cut short your tutoring sessions.**
- **If you are repeatedly late for your tutoring sessions.**

I have read the above forfeiture criteria and I understand that demonstration any of the aforementioned infractions may terminate my tutoring privileges.

Signature_____ Date _____

MIND CENTER USE

☐ Referrals

STAFF NOTES:

SUBMIT FORM