



Tutoring 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 appropriate time slot provided below, please list your class and work schedule. Then mark the box to indicate the times you are available to meet with a tutor.

TIME	Monday	Tuesday	Wednesday	Thursday	Friday
8a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 Tutoring 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 administrative specialist (this is a partial list).

You will forfeit your tutoring privileges . . .

- **If you miss your first appointment without notifying the Tutoring Center.**
- **If during the course of the semester you miss two appointments without notifying the Tutoring Center.**
- **If you cancel two appointments less than two hours prior to your tutoring session or cancel two consecutive appointments.**
- **If you habitually report unprepared for your 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 _____

TUTORING CENTER USE

Referrals

STAFF NOTES: