ROBESON COMMUNITY COLLEGE

APPLICATION REQUEST FORM FOR TUTORIAL ASSISTANCE

Student's Name	Date		
Address	Telephone No		
Academic Program	Student ID No		
How did you find out about RCC's Tutorial Program () Instructor () Student () Orientation ()	n? Brochure/Poster () Other (how?)		
Complete the following questions:			
1. List the subject(s) in which assistance is needed	Name of Instructor		
(1)			
(2)			
(3)			
2. Check as many reasons for seeking assistance from	m the tutorial program as they apply to you.		
☐ Academic probation	☐ Falling behind in my class		
☐ Improve grade standing	☐ Advised to do so by my teacher		

Please provide your class schedule as well as the hours you are free to be tutored in the grid below.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 a.m. – 10:00 a.m.					
10:00 a.m. – 11:00 a.m.					
11:00 a.m. – 12:00 p.m.					Closed
12:00 p.m. – 1:00 p.m.					Closed
1:00 p.m. – 2:00 p.m.					Closed
2:00 p.m. – 3:00 p.m.					Closed
3:00 p.m. – 4:00 p.m.					Closed
4:00 p.m. – 5:00 p.m.					Closed
5:00 p.m. – 6:00 p.m.					Closed
6:00 p.m. – 7:00 p.m.					Closed

Tutee's Agreement:

C	have requested academic tutorial services from the Tutorial Robeson Community College, and have been oriented to the program and its procedures. I the following:
	lerstand that TLC cannot guarantee me a tutor for my subject, schedule, or a class grade.
	lerstand that I must come prepared to tutoring sessions by bringing my syllabus, lecture notes, books, handouts, and homework.
addi	aware that work completed in tutoring is for the purpose of skill development and is in tion to work assigned in class, and that my tutor will NOT do my work for me or assist me tests or quizzes.
	lerstand that the tutor is required to wait 15 minutes if I am running late. After the 15 minute frame has elapsed, it is the decision of the tutor to continue the session or to cancel.
5. I und coor tutor	derstand that if I must cancel or miss an appointment, I will contact the tutor or the tutor dinator's office at least 24 hours in advance. I understand that I may no longer be eligible for ial services for the rest of the semester if I miss two appointments without notifying TLC staffwarce.
Student Sig	nature:Date:

TLC Director: _______Date: _____