

TUTEE APPLICATION

DATE: _____

SUNY FREDONIA - EDUCATIONAL DEVELOPMENT PROGRAM - 2nd FL. THOMPSON HALL - 716/673-3317/3318

NAME: _____ SUCF ID#.: _____

CAMPUS OR LOCAL ADDRESS: _____

PHONE: _____ BEST TIME TO BE REACHED BY PHONE: _____

MAJOR: _____ CLASS: FR SO JR SR E-MAIL ADDR: _____

CLASS(ES) FOR WHICH TUTOR(S) ARE BEING REQUESTED:

	COURSES (EX: SOC 116-01)	INSTRUCTOR	PRESENT COURSE GRADE
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____

NAME OF TEXT(S) BEING USED: _____

PLEASE INDICATE WHAT DIFFICULTIES/PROBLEMS YOU ARE HAVING IN THIS (THESE) COURSE(S):

HOW MANY TIMES DURING THE WEEK WOULD YOU LIKE TO MEET WITH A TUTOR? 1 OR 2 (CIRCLE)

PLEASE CHECK ALL THE SPACES INDICATING YOUR FREE TIME TO BE TUTORED. CIRCLE WHICH OF THESE YOU PREFER.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00 A.M.					
10:00 A.M.					
11:00 A.M.					
12:00 NOON					
1:00 P.M.					
2:00 P.M.					
3:00 P.M.					
4:00 P.M.					
5:00 P.M.					
6:00 P.M.					
7:00 P.M.					
8:00 P.M.					
9:00 P.M.					

COULD YOU BE AVAILABLE FOR WEEKEND TUTORING HOURS? YES ___ NO ___

OFFICE USE ONLY:

	TUTOR ASSIGNED	TUTOR PHONE	TUTORING DAY / HR	ROOM	DATE NOTIFIED	MAIL / E-MAIL	PHONE / IN-PERSON
COURSE							