

Henry Ford Community College
Assisted Learning Services

TUTORIAL REQUEST FORM

Date: _____

Name: _____ Term: _____

Student ID#: _____ Phone: (Home) _____ (Other) _____

Tutorial Assistance is needed for: _____
(COURSE NUMBER)

STUDENT SIGNATURE

INDICATE THE DAYS AND TIMES YOU ARE AVAILBLE TO RECEIVE TUTORING ASSISTANCE BELOW:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

TO THE INSTRUCTOR – PLEASE COMPLETE

This student is experiencing academic difficulty in this class.

CURRENT GRADE: _____

Problem Area (s): Homework Quizzes/Tests Study Skills

Basic Skills Attendance Inappropriate Course Placement

INSTRUCUTOR'S SIGNATURE

DATE

Comments: _____

FOR OFFICE USE ONLY

TUTOR TYPE: PEER

ELIGIBILITY: AT RISK

PROFESSIONAL

PERKINS

INST.

TUTOR INFORMATION: