Marshall University Tutoring Services
CB 211 | 304.696.6622
Application for Tutoring

Date: _____
Semester Applying: _____

Please complete and return form to Tutoring Services Office

Name: _____ 901#: _____
First Middle Last

Local Address: _____

City: _____ County: _____ State: _____ Zip: _____

Date of Birth: _____

Class Standing (Circle One): (●) Freshman ( ) Sophomore ( ) Junior ( ) Senior ( ) Graduate Student

Marshall E-Mail Address: _____ Phone #: _____

Requesting a tutor for the following courses (i.e. MTH 123, BSC 227, etc.)

Course: _____ Instructor:_____

Course: _____ Instructor:_____

Course: _____ Instructor:_____

Course: _____ Instructor:_____

Tutoring sessions are only scheduled two weeks in advance, please stop by the front desk to schedule additional sessions, as needed.

One-time tutoring appointment_____ Two-weeks tutoring sessions _____

***Please note:** If you cannot attend your session(s), please contact the Tutoring Center. Failure to cancel your tutoring appointments, may result in your immediate withdrawal of your scheduled appointments. **Missing three appointments without cancellation will result in your inability to schedule for future appointments.**

Days/times you are available for tutoring – please list **ALL** of your availability.

_____

_____

I understand that I am responsible for scheduling and keeping regular appointments with my tutor, and I must notify the Tutoring Center in advance if I have to miss a tutoring session.

_____ _____
Student Signature Date

For Office Use Only

Scheduled Appointment with: _____ Day/Time: _____

One-time appointment: _____ Two-week appointment: _____

_____ _____
Office Staff Signature Date