

SUNY DELHI
State University of New York
DELHI, NY 13753

APPLICATION TO RECEIVE TUTORIAL SERVICES

NAME _____ DATE _____

STUDENT MAILBOX # _____ PHONE _____

STUDENT E-MAIL ADDRESS _____ STUDENT ID# _____

MAJOR: _____ ADVISOR: _____

COURSE NUMBER (EX: BIOL 130) _____

COURSE NAME-SPECIFY LAB OR LECTURE (EX: BIOLOGY I) _____

INSTRUCTOR'S NAME _____

NOTIFICATION:

PLEASE CHECK YOUR STUDENT E-MAIL DAILY FOR TUTORIAL ASSIGNMENTS.

WEEKLY SCHEDULE

Please write the word **FREE** in the time slots available for Tutoring. Although tutoring **cannot be guaranteed** for all courses, every attempt is made to provide tutoring to help you.

| TIME | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|------------|--------|---------|-----------|----------|--------|
| 8 – 9 AM | | | | | |
| 9 – 10 AM | | | | | |
| 10 – 11 AM | | | | | |
| 11 – NOON | | | | | |
| 12 – 1 PM | | | | | |
| 1 – 2 PM | | | | | |
| 2 – 3 PM | | | | | |
| 3 – 4 PM | | | | | |
| 4 – 5 PM | | | | | |
| 5 – 6 PM | | | | | |
| 6 – 7 PM | | | | | |
| 7 – 8 PM | | | | | |
| 8 – 9 PM | | | | | |

Optional Questions for Year-End Report:

* Is English your primary language? Yes _____ No _____

* Are you a displaced homemaker? Yes _____ No _____

* Are you a single parent? Yes _____ No _____

* Gender? Male _____ Female _____

Please check your County of Residence (if applicable):
__Broome __Chenango __Delaware __Greene
__Otsego __Schoharie __Ulster

COURSE _____ TUTOR ASSIGNED _____ (PROFESSIONAL/PEER)

DAYS AND TIME _____ DATE ASSIGNED _____

COURSE _____ TUTOR ASSIGNED _____ (PROFESSIONAL/PEER)

DAYS AND TIME _____ DATE ASSIGNED _____