



Peer Tutor Program
Student Request



Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_@umpqua.edu Phone: \_\_\_\_\_
(Please print with proper upper or lower casing)

Is this the first time you have requested tutoring from TOP? \_\_\_yes \_\_\_no

Course: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Instructor: \_\_\_\_\_

AVAILABILITY (Please /check all DAYS/TIMES you are NOT AVAILABLE to receive Peer Tutoring):

Table with 6 columns: Term, Monday, Tuesday, Wednesday, Thursday, Friday and 8 rows of time slots from 8-9 am to 3-4 pm.

I understand that information about my learning style(s) known by TOP staff may be discussed with my tutor, including information about any disability, study skills work, and previous history with the Peer Tutor Program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_