Tutor Request Form

Date: _______________

Students Name: ____________________________________________________________

Campus Address/Mailbox #: _________________________________

Room Telephone: ___________________________  Cell Phone: _____________________________

Major(s): _________________________________  Minor: _________________________________

Courses for which a tutor(s) is/are requested:

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>i.e. COMM 100  Mass Communications</td>
<td>Dr. Seward</td>
</tr>
</tbody>
</table>

2. __________________________________________________________________________

3. __________________________________________________________________________

4. __________________________________________________________________________

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ST. JOHN FISHER COLLEGE  Arthur O. Eve Higher Education Opportunity Program

Academic Opportunity Programs Office
St. John Fisher College ● 3690 East Avenue ● Rochester, NY ● 14618