

IMPERIAL VALLEY COLLEGE
Spencer Library Media Center
Study Skill Center

REFERRAL/APPLICATION FOR TUTORIAL ASSISTANCE

Date _____

Student's Name _____

(Last) (First)

G# _____

Telephone Number _____

LRNA 800

Counselor's Signature _____

EOPS

Instructor's Signature _____

Would a bilingual tutor be helpful? Yes ____ No ____

Tutoring Requested In:	Course	Instructor	Hrs. requested per week (Maximum 2)
_____	_____	_____	_____

Student: On the schedule below, please indicate all openings you have available for tutoring. Cross (X) off the time slots you are not available. **Please make sure you have this part completed before you see the Tutorial Coordinator.**

Signature _____

	9:00- 9:50	10:00- 10:50	11:00- 11:50	12:00- 12:50	1:00-	Schedule of Tutoring				
Tue.										

Wed.

Mon			
Tue			
Wed			
Thurs			
Fri			
Sat			

Comments: _____

