

Tutor Application

Date: _____

Student Name: _____

ID Number: 960 _____

UT Martin Address: _____

Telephone #: _____

Cell #: _____

Email: _____

Major: _____

Classification: FR SO JR SR

Directions: Using the table to the right, please place the course number for all of your classes in the correct time slots, and then place a "T" in every time slot you are available to receive tutoring.

I need a Tutor in the following Classes:

Time	Course # & Name	Instructor
Comments (office use only)		

UT Martin -		Semester 20				
Current Class Schedule						
Begins	M	T	W	TR	F	
8:00 AM						
8:30 AM						
8:45 AM						
9:00 AM						
9:30 AM						
9:45 AM						
10:00 AM						
10:30 AM						
10:45 AM						
11:00 AM						
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4:45 PM						
5:00 PM						
5:30 PM						
6:00 PM						
6:30 PM						
7:00 PM						
8:00 PM						
9:00 PM						

I, _____, understand that to promote my collegiate success and personal well-being I must be present at every requested tutoring session. I also understand that I must arrive on time and be prepared to work. This service is provided for me by TRiO Student Support Services, but I am responsible for attendance, work, and participation.

Student Signature: _____ Date: _____

Please complete both sides of this form

Course Effort Documentation

The following criteria must be met before study hour substitutions will be made. Confirmation of signatures will be obtained via telephone calls or faxes to the instructors.

Student Name: _____ **Student ID:** 960 _____

Course CRN: _____ **Course Name:** _____

Circle Days Course Meets: M T W Tr F **Time:** _____

Instructor Office conferences (4 required):

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

This student completes his/her assignments on time, meets my class participation expectations, seeks help, and attends class regularly. _____
Course Instructor's/Professor's Signature

Study Hall/SSC Small Group Tutoring/Departmental Labs (6 hours required):

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature

_____	_____	_____
Date	Length of Help Session	Instructor's Signature