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 <u>all</u> 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.**

	9:00-9:50	10:00-10:50	11:00-11:50	12:00-12:50	1:00-1:50	2:00-2:50	3:00-3:50	4:00-4:50	5:00-5:50	6:00-6:50
Mon.										
Tue.										
Wed.										
Thurs.										
Fri.										
Sat.										

Tutor _____   Date of Referral_____

Student's
Signature _____   Date Tutoring Discontinued _____

Schedule of Tutoring Sessions   Reason_____

Mon			
Tue			
Wed			
Thurs			
Fri			
Sat			

Comments: _____
_____
_____
_____
_____