



**TUTOR REQUEST FORM**  
PLEASE USE A SEPARATE FORM FOR EACH COURSE REQUESTED

NAME (Please Print): \_\_\_\_\_ DATE \_\_\_\_\_  
**DYC EMAIL ADDRESS:** \_\_\_\_\_ ( preferred contact)  
 CELL PHONE: \_\_\_\_\_  
 LOCAL ADDRESS: \_\_\_\_\_  
 MAJOR/MINOR \_\_\_\_\_ **Level:** (circle one) FR SO JR SR Grad Dr. NM

**D'Youville College**  
 One D'Youville Square . 320 Porter Avenue . Buffalo, New York 14201 . (716) 829-7769

**Mark with an "X" your availability**

monday	tuesday	wednesday	thursday	friday
8:00-8:50	8:00-9:20	8:00-8:50	8:00-9:20	8:00-8:50
9:00-9:50	9:30-10:45	9:00-9:50	9:30-10:45	9:00-9:50
10:00-10:50		10:00-10:50		10:00-10:50
11:00-11:50	11:00-11:50	11:00-11:50	11:00-11:50	11:00-11:50
12:00-12:50	12:00-12:50	12:00-12:50	12:00-12:50	12:00-12:50
1:00-2:15	1:00-2:15	1:00-2:15	1:00-2:15	1:00-2:15
2:30-3:20	2:30-3:45	2:30-3:20	2:30-3:45	2:30-3:20
3:30-4:20	4:00-5:15	3:30-4:20	4:00-5:15	3:30-4:20
4:30-5:20		4:30-5:20		4:30-5:20

**Course Name & Number:**

\_\_\_\_\_  
 \_\_\_\_\_

**Instructor:**

\_\_\_\_\_  
**Return form to Colin Eager in KAB 414**

**Or**

**Email to: [eagerc@dyc.edu](mailto:eagerc@dyc.edu)**

**\*\*\*PLEASE 'X' AT LEAST 6 DIFFERENT TIME SLOTS – IF 6 SLOTS ARE NOT 'X' THEN YOUR REQUEST WILL NOT BE PROCESSED\*\*\***

**\*You will be notified via email the day and time of your tutorial session.\***

Office use only:

Scheduled: \_\_\_\_\_ Confirmed: \_\_\_\_\_

Notes: \_\_\_\_\_