

D'Youville

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

*****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: _____