



Request for Services

Please Check one:

Dublin site: NRV Mall Site: Online:

Semester: Summer: Fall: Spring: **Date:** _____

Name: _____ **Email:** _____

Phone: _____ **Student Number:** _____

Course Schedule: *(Please list all the courses you are taking this semester.)*

Course	Instructor	Need Tutoring?	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Tutor Preference *(if any)*: _____

Availability: ***(Please list all times that you're available to work with a tutor.)***

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

- Please return this form to 131 Godbey Hall on the Dublin Campus or 202A at the Mall Site as soon as possible. Clients are placed with tutors on a first-come, first-served basis.
- You will be notified by way of email. If you have an questions contact Belinda Nuckols at bnuckols@nr.edu
- Although we make every effort, occasionally we cannot match a student with a tutor within the requested time frame. Therefore, please give us as many time options as possible.

For Office Use Only:

Course	Tutor	Days	Times	Int.	Nfy.	W/D
				Y/N		
				Y/N		
				Y/N		
				Y/N		
				Y/N		
				Y/N		

Date application received: ____/____/____

Date placed: ____/____/____

Date student notified: ____/____/____

Referral sent: ____/____/____

Entered into database: ____/____/____

- In office
- Phone
- E-mail
- Voice mail

- Dublin
- Mail

Referred by: CLAS

Faculty

Self