



# Academic Assistance

## Request for Services

Dublin site: \_\_\_\_\_ NRV Mall Site: \_\_\_\_\_

Semester: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Student Number: \_\_\_\_\_

Dual Enrollment: \_\_\_ VT \_\_\_ Radford \_\_\_ PCHS \_\_\_ Other \_\_\_\_\_

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

Course	Instructor	Day/Time	Need Tutoring?	Sessions/Week

Tutor Preference *(if any)*: \_\_\_\_\_

Referred by \_\_\_ CDHH \_\_\_ LEAP \_\_\_ Faculty \_\_\_ Self

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

**Monday:** \_\_\_\_\_

**Tuesday:** \_\_\_\_\_

**Wednesday:** \_\_\_\_\_

**Thursday:** \_\_\_\_\_

**Friday:** \_\_\_\_\_

**Saturday (9am-1pm):** \_\_\_\_\_

- *Please return this form to Godbey 131 as soon as possible. Clients are placed with tutors on a first-come, first-served basis.*
- *Check back with the receptionist in Godbey 131 for your tutoring schedule. You will also be notified by mail.*
- *Although we make every effort, occasionally we cannot match a student with a tutor within the requested time frame. 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: \_\_\_\_\_