

# TUTOR REQUEST FORM

Return this completed form to the Office of Academic Affairs. Contact Caitlin Vincent, Tutoring Program Coordinator, at (410) 659-8100, ext. 4405 or e-mail [cvincen6@jhmi.edu](mailto:cvincen6@jhmi.edu) if you have any questions.

TO BE COMPLETED BY THE STUDENT.

Name _____	Date _____	
Address _____ _____		
Telephone _____	Campus Box # _____	E-mail _____
Program _____	Year _____	
For which course are you seeking a tutor? _____		
What is your estimated grade in this course at this time? _____		
Have you ever studied this subject previously? YES or NO If so, what was your grade? _____		
To the best of your ability, indicate the aspects of this course that give you the most difficulty. Please be as specific as possible. _____ _____ _____ _____		

TO BE COMPLETED BY THE TEACHER.\*

Teacher's name _____	Teacher's signature _____
Number of hours needed per week _____	For how many weeks? _____

TO BE COMPLETED BY ACADEMIC AFFAIRS.

Tutor assigned _____	Date assigned _____	
Telephone _____	Campus Box # _____	E-mail _____

\* In order to qualify for school-sponsored tutoring, this form must be signed by the teacher of the course and approved by the Tutoring Program Coordinator.

rev. 3 June 2009