

# ACADEMIC DEVELOPMENT CENTER

## GEORGIAN COURT UNIVERSITY

### REQUEST FOR TUTORING FORM

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

Date: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Check if also part of the program(s) listed:

EOF \_\_\_\_ TLC \_\_\_\_ Athletics \_\_\_\_ SSS \_\_\_\_\_

Check all that apply

- |                                      |                         |
|--------------------------------------|-------------------------|
| 1 <sup>st</sup> year student _____   | Graduate student _____  |
| 2 <sup>nd</sup> year student _____   | Returning student _____ |
| 3 <sup>rd</sup> year student _____   | Part-time student _____ |
| 4 <sup>th</sup> year student _____   | Full-time student _____ |
| 4 <sup>th</sup> + year student _____ |                         |

Contact Information

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

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

GCU Residence: \_\_\_\_\_ GCU Phone: \_\_\_\_\_

TO BE COMPLETED BY THE DIRECTOR:

Subjects to be tutored in: (Include GCU Course #'s)

Tutors Assigned: \_\_\_\_\_

Professors: \_\_\_\_\_

## FILL IN THE FORM BELOW WITH YOUR COURSE #'S OR NAMES

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday
8-9:15		8-9:15		8-9:15		8-9:15		8-10:35		3 to 5 HOUR CLASSES
9:30-10:45		9:30-10:45		9:30-10:45		9:30-10:45				
11-12:15		11-12:15		11-12:15		11-12:15		11-1:35		
12:30-1:45		12:30-1:45		12:30-1:45		12:30-1:45				
2-2:50	2-3:15	2-3:50 MEETING TIME		2-2:50	2-3:15	2-3:50 MEETING TIME		2-2:50	2-4:35	
3-3:50				3-3:50				3-3:50		
4-5:15		4-5:15		4-5:15		4-5:15				
5:30-6:45		5:30-6:45		5:30-6:45		5:30-6:45		5:30-8:05		
7-9:35		7-9:35		7-9:35		7-9:35			7-9:35	