SAVANNAH TECHNICAL COLLEGE

LEARNING ENRICHMENT CENTER (LEC)

REQUEST FOR TUTORIAL ASSISTANCE

Today's Date_____/_____/_____

CAMPUS (Circle one) Savannah Liberty Effingham Other _____

QUARTER (Circle One) Fall Winter Spring Summer Year _____

Name: _____ _____ _____ SS# (last 4 digits only)_____
Last First MI

Address _____ _____ _____ _____
Street City State Zip

Home phone _____ Daytime phone _____ Cell Phone_____

Course Name _____ Major _____

Course Instructor's Name: _____

PLEASE COMPLETE

Age	**Year in School**	**Gender**	**Ethnicity**	**Program**	**Department**
___ Under 20 ___ 20 – 25 ___ Over 25	___ 1st year ___ 2nd year ___ 3rd year	___ Female ___ Male	___ African Am. ___ Asian ___ American Ind. ___ Hispanic ___ White ___ Other	___ Certificate ___ Diploma ___ Degree	___Gen./Dev. Studies ___ Allied Health ___ Occ. & Technical ___ Bus. & Services ___ Cisco Specialist

Please indicate with an "X" the time period(s) you **can** come in for tutoring.

Time Period	Mon	Tues	Wed	Thurs	Fri
8:00 – 9:00 am					
9:00 – 10:00					
10:00 – 11:00					
11:00 – 12:00					
12:00 – 1:00 pm					
1:00 – 2:00					
2:00 – 3:00					
3:00 – 4:00					
4:00 – 5:00					
5:00 – 6:00					
6:00 – 7:00					
7:00 – 8:00					

Revised 01/29/10

FOR DEPARTMENTAL USE ONLY

Tutor assigned: _____

___ I have contacted the student and scheduled the initial tutoring session for:
Day _____ Date _____Time _____
___ I have contacted the student but have not scheduled an appointment for the following reason:
_____
___ I could not reach this student after 3 attempts by phone.

Dates: _____ _____ _____
___I emailed this student on: _____
___I contacted this student by phone. Date phoned: _____
___I contacted this student by letter. Date sent: _____

Signature: _____ Date _____