



Peer Tutor Program
Student Request



Name: _____ Student ID: _____

E-Mail Address: _____@umpqua.edu Phone: _____
 (Please print with proper upper or lower casing)

Is this the first time you have requested tutoring from TOP? ____yes ____no

Course: _____ **Current Grade:** _____ **Instructor:** _____

AVAILABILITY (Please /check all **DAYS/TIMES** you are **NOT AVAILABLE** to receive Peer Tutoring):

Term: _____	Monday	Tuesday	Wednesday	Thursday	Friday
8 - 9 am					
9 - 10 am					
10 - 11 am					
11 - 12 pm					
12 - 1 pm					
1 - 2 pm					
2 - 3 pm					
3 - 4 pm					

I understand that information about my learning style(s) known by TOP staff may be discussed with my tutor, including information about any disability, study skills work, and previous history with the Peer Tutor Program.

Student Signature: _____ **Date:** _____