



CSTEP TUTOR REQUEST

Name: _____ Student ID: _____ Date of Request: _____
Phone: _____ E-Mail: _____ Major: _____
Local/Barrington Address: _____ Class Year (circle one): FR SO JR SR

The following CSTEP Tutoring Guidelines are designed to make this a successful tutoring assignment.

1. Initiate contact with your tutor as soon as possible. Failure to contact your tutor within 5 days of this assignment may result in your tutor being reassigned to another student.
2. Tutors are not available on an on-call basis. 24 hours advance notice is the minimal time needed for your tutor to prepare your session.
3. Your sessions may be suspended or terminated if you are not attending class or tutoring sessions. **Attendance** is checked on a regular basis.
4. If you have any problems, questions or concerns about your tutor or this assignment, contact Heather West at 267-2708 or at westhj@potdam.edu.

Your signature below indicates your willingness to work with your tutor and with CSTEP within these Guidelines.

Tutor Request Information

Course Name and Number: _____ Course Instructor: _____
Course TA (if any): _____ Type of Tutoring Preferred (circle one): Individual or Group
Reason(s) for request: _____
Available Blocks of Time: Monday: _____ Tuesday: _____
Wednesday: _____ Thursday: _____ Friday: _____
Saturday: _____ Sunday: _____

Tutor Assignment Information

Tutor: _____ Phone: _____
Major: _____ Email: _____
Days/Times: _____ Location: _____

In submitting this Tutor Request, I give the Collegiate Science and Technology Entry Program staff permission to discuss my grades and academic standing with my tutor. Also, I give permission to CSTEP staff and my tutor to speak with faculty regarding my progress in the course.

Student Signature Date Staff Signature Date