Reynolds Community College

REQUEST for TUTORING

Academic Support Centers

PLEASE PRINT

Term: ☐ Fall   ☐ Spring   ☐ Summer   Year _____

Application Date:_____

Last Term Using Academic Support Center _____   Year _____

Student's Name _____   Student ID: _____
    (Last)   (First)   (MI)

Phone: Home: _____   Work: _____   Mobile: _____

Reynolds College Email Address_____@email.vccs.edu

Program of Study:_____
                      (For example Business Administration, Nursing, Engineering, Non-Curricular, etc.)

I am requesting tutoring for the course(s) below:

Course: _____ Instructor: _____   Course: _____Instructor:_____

Days & Times Available for Tutoring:

Monday	Tuesday	Wednesday	Thursday	Friday

1. Did your instructor refer you to the ASC? (if "No" explain):   ☐ Yes   ☐ No

    _____

2. Have you sought help from your instructor? (if "No" explain):   ☐ Yes   ☐ No

    _____

I understand that to cancel a tutorial appointment and **not receive a "NO SHOW,"** I must call by 5 p.m. on the day before my appointment DTC (804) 523-5687, PRC & Goochland (804) 523-5927. *I also understand that two (2) "NO SHOWS" will make me ineligible for tutoring in that course for the remainder of the term. However, I will be eligible for tutoring in other courses for which I do not have two (2) "NO SHOWS."*

I will come prepared to my tutorial appointments by having completed assigned work and by bringing specific problems or questions for my tutor. Should problems arise, I agree to communicate with my tutor and with the ASC staff at the telephone number for the appropriate campus listed above.

I have received, read and understood the "Guidelines for Students Using the Academic Support Centers" and the above-stated procedures for tutorial appointments. ☐ **Yes** ☐ **No**

Student's Signature _____   Date _____

ASC USE ONLY	Campus	✓ Action	Course	ASC Staff	Date	Time	Received by
	☐ DTC	☐ 1st Appointment					Name
	☐ PRC	☐ Walk-in					
	☐ GC	☐ Faculty Walk-in					Date
		☐ Video					

REV Jan 2014