

University Tutorial Program

Applications to Receive Tutoring

Today's Date: \_\_\_\_\_

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

Student ID Number: \_\_\_\_\_

Local/ Campus Address:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Class Standing: Fresh. \_\_\_ Soph. \_\_\_ Jr. \_\_\_ Sr. \_\_\_

Major: \_\_\_\_\_

Courses for which I am requesting a tutor:
(Include course number and title)

Course Professor/ Instructor:

1st Course \_\_\_\_\_

\_\_\_\_\_

2nd Course \_\_\_\_\_

\_\_\_\_\_

3rd Course \_\_\_\_\_

\_\_\_\_\_

Reasons for requiring tutorial assistance:
\_\_\_\_\_
\_\_\_\_\_

Do you wish to request a specific tutor? [ ] Yes [ ] No

If yes, name of tutor you are requesting: \_\_\_\_\_

I am enrolled in / I participate in the following programs:

- Intercollegiate Athletics
New Opportunities at Hofstra (NOAH)
Program for Academic Learning Skills (PALS)
Pre-Med/ post Bac. Certificate
Program for the Higher Education of the Disabled (PHED)
English Language Program (ELP)
Freshman Division, School for University Studies
Transfer Division, School for University Studies

How did you hear about the University Tutorial Program? (Circle all that apply.) School Paper Advisor

Flyer/ Poster Department Professor Coach Friend Other

Have you participated in the University Tutorial Program in the past? (Circle one) Yes No If yes, When? \_\_\_\_\_

Please Print Neatly. When you have completed this application, please return to:
Room 101, Memorial Hall.

/OVER/

# University Tutorial Program

## Student Agreement Form

I, \_\_\_\_\_, as a participant in the University Tutorial Program (UTP), agree to accept the following responsibilities in exchange for the tutorial services provided by UTP.

1. I, the tutee, understand that it is my responsibility to attend all tutorial sessions as assigned. Should I be unable to attend a tutorial session, I will notify the tutor, at least 24 hours prior to my scheduled appointment.
2. I understand that once I receive my tutor's phone number, I will call him or her immediately.
3. I understand that a No-Show will result if I do not notify my tutor 24 hours in advance when it is necessary for me to cancel a scheduled tutoring session. I also understand that **three** No-Shows will result in my **dismissal** from UTP for the remainder of the semester.
4. If I am no longer in need of tutoring or if I withdraw from a course, I will notify the University Tutorial Program and the assigned tutor immediately.
5. I will devote effort and study time to the course(s) for which I am being tutored and, if requested by the UTP Coordinator, I will submit a record of all test grades received in the course(s).
6. I understand that should I have any problem with my assigned tutor or request a different tutor, I am to contact the Coordinator at 463-4953.
7. I understand that failure to abide by the above requirements may result in my dismissal from the UTP.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date