



Tutoring Request Form

Tutoring Center
Cell Phone: 503-791-7494
Email: gtichenor@clatsopcc.edu

Name: _____

Student ID#: _____

Email: _____

Phone: _____

Course(s) you need help with:

Name of Tutor (if known) : _____

Major: _____

TRiO Program Member: Yes No

ATTN: This form does not need to be submitted if you are looking for help from the Writing or Math Labs*

Tutoring is available in all subjects for which a tutor can be secured, during the COVID pandemic tutoring is largely available through Zoom sessions.

Currently, due to COVID-19 writing assistance is available online through email or zoom chats please refer to the library writing lab site for tutor emails and hours. Math assistance is available virtually please contact the Math lab for further information.

*During COVID one-on-one math tutoring can be arranged. Please contact the math lab first, if further assistance is needed, fill out and submit this form.

Please list when you are available for tutoring:

Please share what you would like to accomplish with a tutor:

By filling out this sheet and signing below, you agree to attend all scheduled tutoring sessions as well as follow the Tutoring Center's attendance and expectation policies, which will be outlined by your Tutor during your first tutoring session. **You also agree to share personal information such as name, email, and phone number with your Tutor.**

Student Signature: _____

Date: _____

**PLEASE REMEMBER TO CHECK
YOUR EMAIL FOR A TUTORING CONFIRMATION!**