

LAKE ERIE COLLEGE

STUDENT SUCCESS CENTER Request for Tutorial Services Learning Center

Date: _____

Name: _____

Campus phone: _____

Campus address (include Dorm name and room number) _____

Home address: _____

Home phone: _____

Academic year: (please circle) FR SO JR SR

I have met with the professor/s of the course/s and as a result of the conference/s, I am requesting tutorial service for the following course/s:

Course Number / Section	Professor (Professor signature)	Day / time

I give permission for access to my educational records and to other relevant information in order to assess services to be provided and to evaluate my academic progress. I certify that the above information is accurate and complete to the best of my knowledge.

Student Signature

Date

I understand that Tutorial Services are available to me; however, I decline to participate at this time.

Student Signature

Date

Revised: October 6, 2006

Tutor name : _____	Phone #: _____
Date: _____	