

RETURN FORM TO: Academic Advising Biddle House, 717-245-1080

REQUEST FOR A PEER TUTOR

Name:			_()	
Last	First	M.I.	Preferred Nickname	
Student ID #	Phone # Em	ıail:	@dickinson.edu	
CHECK ONE: First Year: SO: JR:	SR: Declared Major: (if any)			
I need tutoring assistance in: SUBJECT		COURS	COURSE #	
need tutoring assistance in: SUBJECT			(e.g. 101-03)	
Tutee's Signature				
	TO BE COMPLETED BY PROFESS ble typically as a <u>last resort</u> among sev		for academic support.	
1. Has the student made effective	use of your office hours ?	Yes	_ No	
2. Has the student attended departmental study sessions (if available)?			_ No N/A	
3. Is a TA available for this course?			_ No	
4. If so, has the student met with him/her?			_ No N/A	
5. If this is a language course, has the student attended the weekly language table session?		Y es	_ No N/A	
6. Has the student exhausted all the above options prior to requesting a tutor?		utor? Ves	_ No	
7. Would group tutoring be an option for this student?			No	
Estimated current gradeDo you recommend a special	in class cific tutor for this student?			
Once a tutor has been assigned, he assistance with.	/she is required to discuss with you the sp	pecific areas t	he tutee needs	
If you want feedback from tutor	ing sessions, please make arrangement	s with the tu	tor and the tutee.	
Comments:				
Professor's Printed Name	Professor's Signature		Date	