



TUTOR REQUEST FORM

Capital Area School of Practical Nursing

STUDENT NAME: _____

DATE REQUESTED: _____

CLASS NUMBER: _____

QUARTER: _____

PHONE NUMBER: _____

CITY: _____

SUBJECT: _____

CURRENT GRADE: _____

The tutor will contact you so leave a number where you can be reached.

****ALL STUDENTS WILL RECEIVE UP TO 4 HOURS OF TUTORING. IF MORE TIME IS NECESSARY A NEW REQUEST WILL BE REQUIRED.**

****HOURS OF TUTORING WILL BE BASED ON YOUR CURRENT GRADE**

**** "NO CALL/NO SHOW" WILL RESULT IN A \$10 FEE THAT MUST BE PAID BEFORE GRADUATION AND/OR TRANSCRIPTS WILL NOT BE RELEASED**

****STUDENT MUST SUBMIT CUMULATIVE GRADE AFTER NEXT TEST BEFORE ADDITIONAL TUTORING HOURS WILL BE APPROVED**