Missouri Baptist University  
Academic Success Center  
Request for Tutoring

Name of Student: ________________________________  Date of Request: ________________

Telephone: ________________________________  E-mail: ________________________________

Student ID #: ________________________________

Please list the days (or dates) and times you are available to meet with a tutor: ______________

________________________________________________________________________________________________________________________________________

Year in School (Circle One):  Freshman  Sophomore  Junior  Senior  Graduate

Course(s) (e.g. BIOL 103): ____________________________________________________________

Instructor: ________________________________  Date and Time of Class: ________________

May the Academic Success Center Staff contact this instructor (Circle One)?  Yes  No

How did you hear about the Tutoring Services? ____________________________________________

Reasons for requesting a tutor (Check All That Apply):

_____ I do not understand the concepts presented in class.

_____ I am having difficulty comprehending the reading assignments.

_____ I have done poorly on assignments and/or tests.

_____ I need assistance with a specific assignment or test.

_____ Other, please explain: __________________________________________________________

________________________________________________________________________________________________________________________________________

I understand that tutors will not complete my assignments for me. They will act as a guide and reference for developing my own understanding of the content. I realize that it is my responsibility to arrive on time and prepared at the designated place. Finally, I understand that there is no cost to me for this service; tutors are paid by Missouri Baptist University.

____________________________________________________________________________                      _____________________________________
Signature of Student  Date of Request