

**Texas State University
Student Support Services**

SSS SSS-STEM

Request for Tutoring Services

Name:	Date:
Student ID (PLID) #	Phone:
TXST Email:	

Requested Course(s) Please rank courses in order of importance:

Subject	Course #	Section #
1.		
2.		
3.		

Have you received tutoring from SSS before: Yes No Tutor Preference (if any): _____

Have you visited any other tutoring services offices at Texas State? Yes No

SLAC Writing Center Collaborative Learning Center Math Lab Other _____

Are you interested in **group tutoring** Yes No

- Due to the high volume of participants, you may be placed in small group tutoring. You are expected to meet with your tutor every week.

Availability Schedule:

Please place an "X" in the time slots/ boxes that you are **NOT AVAILABLE** . *When indicating availability, please allow for travel time between classes*

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am					
8:30 am					
9:00 am					
9:30 am					
10:00 am					
10:30 am					
11:00 am					
11:30 am					
12:00 pm					
12:30 pm					
1:00 pm					
1:30 pm					
2:00 pm					
2:30 pm					
3:00 pm					
3:30 pm					
4:00 pm					
4:30 pm					

Day or Time Preference for Tutoring: _____

Office Use Only - Tutoring Assignment

Course #	Tutor	Days	Times	Start Date

Comments: _____

SSS Tutoring Coordinator Signature: _____ Date: _____

Assignment Confirmation: Spoke with Left message No Answer Email
 Day/Time: _____ SSS Staff Initials: _____

Notes: _____

WHITE – Coordinator **YELLOW** – Participant File