

## REQUEST FOR A TUTOR

**(This form must be filled out and returned to the Office of Admissions and Retention before a tutor assignment can be made.)**

The purpose of the student tutoring program is to provide tutorial assistance to students having unusual difficulties mastering the required subject matter in a particular dental class.

The tutoring program is not designed to pay expenses for teaching assistants. Teaching assistants, when necessary, are to be supported through individual department budgets.

Before considering tutorial assistance, a student should have made a meaningful attempt to resolve his/her academic difficulties through conferences with the instructor. Many times, a student's difficulties can be identified and resolved more quickly by the instructor, thereby eliminating the more time consuming tutorial process.

Tutoring should be implemented if the instructor has reason to believe the student's existing level of course performance is inadequate and that tutoring would be appropriate for resolving this deficiency.

Although a student may initiate the request, **tutoring will be assigned only with the instructor's recommendation as indicated on this form.** In this way, the instructor can recommend an appropriate student tutor, identify the relevant subject areas to be covered, and specify the appropriate number of hours of tutoring required.

**Student to receive tutoring** \_\_\_\_\_  
(If more than one, a list may be attached.)

**Course title** \_\_\_\_\_

**Specific subject/topics requiring tutoring** \_\_\_\_\_

**Estimated # hours tutoring required** (15 hrs. max./request) \_\_\_\_\_

**Individual recommended as assigned tutor** \_\_\_\_\_

**Note:** To serve as a tutor, a student must be cleared for employment by the Business Office and assigned by the Office of Admissions and Retention.

or

**Use any tutor from list I previously provided**

**Signature of instructor (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of student requesting tutoring** \_\_\_\_\_ **Date** \_\_\_\_\_

When completed, return this form to:

Office of Admissions and Retention, Building 273

Date received by Office of Admissions and Retention \_\_\_\_\_

Tutor assigned \_\_\_\_\_

Date of assignment \_\_\_\_\_

Hours approved \_\_\_\_\_

**FINAL REPORT**

Items 1-4 are to be filled out by the student tutor at the completion of the tutoring. Item 5 is to be completed by the instructor.

1. List the individual(s) tutored

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

2. List dates and times tutoring was provided.

\_\_\_\_\_

\_\_\_\_\_

3. Exact number of hours spent tutoring in this reporting period \_\_\_\_\_  
(This will be used for payroll purposes)

4. Please give a brief personal assessment of the effectiveness of the tutorial. If several students were tutored, identify your assessment for each student by placing the number corresponding to each listed student.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Note:** After completing items 1-4, return to Office of Admissions and Retention. Do not send to the instructor; this will be done by Admissions and Retention.

**Instructor Feedback** (To be completed by the instructor and returned to the Office of Admissions and Retention)

5. Do you feel the tutoring described above was effective in helping the student(s) listed above resolve course difficulties? If several students were tutored, identify your assessment for each student by placing the number corresponding to each listed student in the appropriate space below.

\_\_\_\_\_ Yes, definitely

\_\_\_\_\_ Partially, some evidence of improvement

\_\_\_\_\_ Possibly, but little evidence for improvement

\_\_\_\_\_ No, definitely no improvement

Signed \_\_\_\_\_ Date \_\_\_\_\_

**RETURN FORM TO THE OFFICE OF ADMISSIONS AND RETENTION, BLDG. 273**