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Application for Tutoring

Name: _____
Last First MI

Are you an ASPIRES participant? Yes / No Are you a single parent? Yes/No

Address: _____
City State Zip

Phone Number: _____ E-mail Address: _____

Subject Needing Tutoring In: _____

Instructor: _____

Please list times and days that you are available for receiving tutoring:

Monday	Tuesday	Wednesday	Thursday	Friday

I agree to let the tutor coordinator monitor my grades and academic progress. I also understand that it is my responsibility to attend tutoring sessions as they are needed and to let my tutor know if I will be missing any tutoring sessions.

Signature Date