CHSU
CALIFORNIA HEALTH SCIENCES UNIVERSITY

Tutoring Request Form

Office of the Dean

Please send completed request to COP-TR@chsu.edu

Full Name: _____ Today's Date: _____

Current Semester: ☐ Spring ☐ Fall Current Year: _____

Student ID #: _____ Phone Number: _____

CHSU Email Address: _____

Do you work outside of school? ☐ Yes ☐ No

Enter the name and course number of the course for which you are requesting a tutor:

Name of the Course Director: _____

Are you on promediation for this course? ☐ Yes ☐ No

Describe the topic you are having difficulty with in your course:

Enter the name of your Faculty Mentor: _____

Enter your general availability for each day of the week that you are available to meet with a tutor:

If you work outside of school, how many hours per week? _____

Do you have any other concerns regarding this request?

For Office of the Dean Use Only

Date Received by Office of the Dean: _____ Tutor Request is: ☐ Approved ☐ Not Approved

Office of the Dean Representative: _____ Date: _____