

LAP Tutor Request Form

Personal Information

Date: (Example: 1/8/08)

Semester: (Example: Fall '08)

First Name: Last Name:

Sex: Male Female

Race:

Taking classes at a Regional Campus: Yes No

Traditional Student: Yes No

SE Email Address: (Example: lapdss@semo.edu)

Do you check email? Yes No

Student ID #

Address: City: Zip:

Telephone: (Example: 573-651-2000)

Answering Machine: Yes No Best Time To Call:

Have you received tutoring in the past? Yes No If so, when?

Major: College:

Current Student Level: Beginning Freshman Freshman Sophomore
Junior Senior Graduate Student Second Degree Seeking
Other

Course Information

Course Number: (Example: *MA134-01*)

Course Name: (Example: *Algebra I*)

The information provided will assist in developing an appropriate plan for helping you in this class.

Please answer all of the following questions.

Is this your first time taking this class? Yes No

Do you attend class regularly? Yes No

Are you having difficulty taking notes? Yes No

Have you approached your instructor for assistance? Yes No

Are you completing all assignments for this class? Yes No

Do you enjoy this class? Yes No

Do you know how to study for class? Yes No

Have you attended any workshops on study skills? Yes No

How many hours do you spend studying for this class?

My present grade in this course is: (Example: *A, B, C, D, or F*)

Are you interested in receiving tutoring online for Math classes? Yes No

Please provide a schedule of when you will be available for tutoring, Monday - Friday:

**** By submitting this form I authorize the University Tutorial Services and Student Support Services to access my academic and class records and to contact my academic advisor for verification purposes. I understand that these records will be held in the strictest confidence.***

Submit to LAP

Reset