



Study Group Request

Course (Subject and level): _____

Instructor: _____

Main Contact Person Information: (Please Print)

Name: _____

Student ID: _____

Email: _____

Name of Study Group Members: (3 or more)

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Are you requesting a tutor to facilitate the study group? Yes No

****Only groups with 4 or more may request a tutor****

***Please list at least one preference of day and time (up to 1 hour) your group would like to meet:** (Note: Tutoring Center Hours of Operation: M-Th: 8am -8pm; F: 8am – 2pm)

(1st Choice) _____:_____ (AM or PM) to _____:_____ (AM or PM)

Monday Tuesday Wednesday Thursday Friday

(2nd Choice) _____:_____ (AM or PM) to _____:_____ (AM or PM)

Monday Tuesday Wednesday Thursday Friday

(3rd Choice) _____:_____ (AM or PM) to _____:_____ (AM or PM)

Monday Tuesday Wednesday Thursday Friday