



STUDENT SUCCESS CENTRE TUTOR REQUEST FORM

OFFICE USE ONLY

Date of Request:

Date Processed:

Student Name: _____ Student ID#: _____

Did your father or mother attend post-secondary school (college, trades, university)? YES NO

Phone (home): _____ Phone (cell): _____ Email: _____

Have you accessed tutoring before? YES NO Where did you access tutoring? _____

Program: _____ Year in Program: _____

Please indicate subject (s) requiring tutoring:

Subject: _____ Instructor: _____

Subject: _____ Instructor: _____

What do you hope to achieve with the support of the tutor (be specific as possible)?

To the Instructor:

The student noted above has requested tutoring assistance in your subject area. Your signature indicates that you believe this student is in need of extra help and will benefit from working with a tutor.

Instructor's Signature: _____ Date: _____

Instructor Comments: _____

Aurora College, Student Services Division

Laura Aubrey, Student Success Centre

P.O. Box 600, Fort Smith, NT X0E 0P0

Tel: (867) 872-7583 Fax: (867) 872-4511

Email: Laubrey2@auroracollege.nt.ca

Office Hours: Monday - Thursday 8:30 a.m. - 3:00 p.m.

FOR OFFICE USE ONLY

Tutor: _____ **Schedule:** _____ **Check-up Date:** _____

End Date: _____ **Reason:** _____



STUDENT SUCCESS CENTRE TUTOR REQUEST FORM

STUDENT AGREEMENT FOR TUTORIAL SERVICES

The Student Success Centre exists to help students who are seeking assistance in classes, and we consider **tutoring a partnership**. We provide a tutor **free of charge**, but you also have some responsibilities. Please read the following carefully and sign your name below:

1. **I understand that my tutor cannot and will not do my work for me.** My tutor's job is only to explain course material and quiz me to see that I understand, to assist me in improving my study skills, and to provide additional practice exercises and material. I will therefore make no additional demands on my tutor.
2. **I will come prepared to my tutoring sessions.** It is my responsibility in the partnership to read and prepare course material in advance and come prepared with specific questions to ask my tutor. If my tutor is to help me improve, I must be willing to help myself.
3. If I cannot keep a scheduled appointment, I must notify my tutor as far in advance as possible (usually 24 hours).
If I do not show up for two tutoring sessions my tutoring agreement will be cancelled.
4. **I will be on time to every scheduled tutoring session.** I understand that my tutor will only wait 15 minutes; it will be considered a "no show". If I am running late, I will call to my tutor to let him/her know.
5. If for any reason the tutoring is not working out, I will see the coordinator to arrange a new match that better suits my needs.
6. I understand that if I fail to meet the above conditions, the **Student Success Centre may cancel my future tutoring appointments.**

Student Signature: _____ Date: _____

PERSONAL SUCCESS

Please outline what **success** means for you personally: _____
