**STUDENT TUTORING REQUEST FORM**

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| **Student Name:** |  |
| **Student ID #:** |  |
| **LIBI E-mail:** |  |

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| **Course(s) Needed for Tutoring:** | |
| **Course #:** | **Course Name:** |
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| **Exact Days &Times you are available for Tutoring:** | | | | |
| **Monday** | ***from*** |  | ***to*** |  |
| **Tuesday** | ***from*** |  | ***to*** |  |
| **Wednesday** | ***from*** |  | ***to*** |  |
| **Thursday** | ***from*** |  | ***to*** |  |
| **Friday** | ***from*** |  | ***to*** |  |

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| **Session Time Needed: 1 hour  *or* 1½ hours** | ***Preference:*** |  |

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| **I am a registered student at which LIBI campus?** |  |

**(Flushing *or* NYC)**

***\* Reminder: \****

Tutoring begins at **11:00 AM**, ends at **6:00 PM**, **Monday to Friday**, in hourly intervals, depending upon faculty availability. Please fill out this Form completely to avoid a delay in processing.

***Note:*** Tutoring sessions will be given by remote learning via **MICROSOFT TEAMS**.