



Pre-College Programs in Undergraduate Studies

TUTOR REQUEST

Name _____	Fall ____	Spring ____	Summer ____
School _____	School Counselor _____	Grade ____	
Student Email _____			
Student Phone Number _____	UBI	UBII	UBMS (Circle one)

SESSION REQUEST (select a time that you are able to meet with your tutor)

- Tuesday 3-6pm Wednesday 3-6pm
 Thursday 3-6pm Friday 3-6pm Saturday 2:00-3:30 pm (Extended Day)

COURSES

Math: Algebra I Geometry Algebra II Calculus

Other: _____

Science: Biology Chemistry Physics

Other: _____

English: 9 10 11 12 AP Literature AP Composition

Other: _____

History & Government: US History Government World History

Other: _____

Foreign Language: Spanish I/II Spanish III/IV French I/II French III/IV

Other: _____

STAFF ONLY

Date Received _____

Date Assigned _____

Tutor Assigned _____ Subject(s) _____

Phone _____ Email _____

Tutor Assigned _____ Subject(s) _____

Phone _____ Email _____