Pre-College Programs in Undergraduate Studies

Tutor Request

Name: ___________________________________________ Date: ______________________________

School: ________________________________________ Grade: ______________________________

Student Email (please print): _________________________________

Student Phone Number: _________________________________

Preferred Contact Method: ☐ Phone ☐ Email ☐ Text

Circle One:  UB (Beaubrun)  UB (Malcolm)

SESSION REQUEST (select time(s) that you are available to meet with a tutor)

☐ After-School Tutoring at High School (based on availability)

Saturday Tutoring Center (for Tut Ctr students only)

Saturday Extended Day

Check the box next to the subject(s) for which you are requesting assistance:

Math:  Algebra I  Geometry  Algebra II  Pre-Calculus  Calculus

Other: _________________________________________________

Science:  Biology  Chemistry  Physics

Other: _________________________________________________

English:  9  10  11  12  AP Language  AP Literature

Other: _________________________________________________

History & Government:  US History  Government  World History

Other: _________________________________________________

Foreign Language:  Spanish – Level ________  French - Level ________

Other Subjects: __________________________________________

Date Received_________________ STAFF ONLY Date Assigned_________________

Tutor Assigned_________________ Subject(s)_________________

Tutor Assigned_________________ Subject(s)_________________

Tutor Assigned_________________ Subject(s)_________________

Tutor Assigned_________________ Subject(s)_________________

Updated 10-11-2014 MM