



Academic Excellence Center Tutor Request Form

(Please print CLEARLY)

Today's Date: _____

Name: _____ (M) _____ (F) _____

Campus or local address: _____

Phone #: (home/dorm) _____ (cell) _____

Marywood University E-MAIL ONLY: _____

Major: _____ Class of: _____

List courses in which you are requesting a tutor:

Course #	Course Title	Instructor	Tutor Assigned

**If you are going to discontinue your tutoring services,
Please notify the Director, Kevin Kuna.**

Were you referred to the Center? By whom? _____

If you have any special circumstances, please explain:

Are you a Marywood athlete? If so, what sport(s):

If no, how did you learn about the Center? _____

Are you interested in (**Circle One**): online tutoring in person tutoring or both

**The Tutor Center offers tutoring on a drop-in basis.
For center schedules, visit
www.marywood.edu/acad_excell/Tutoring**