

PVCC

Palo Verde Community College

Student Learning Center

Tutee Application

Please Print Clearly

Name

_____ Last

_____ First

_____ PVCC Student ID Number

_____ Telephone Number- Home

_____ E-mail Address

_____ Telephone Number-Cell

Courses in which you need tutoring:

1)

_____	_____	_____	_____	_____	_____
Course Prefix & Number	Section	Course Name	Instructor	Time	Day(s)

2)

_____	_____	_____	_____	_____	_____
Course Prefix & Name	Section	Course Name	Instructor	Time	Day(s)

What are the problems you are having in the courses? Please be specific.

Name _____

Please fill in your schedule with the indicators that follow. *Make sure every block is filled with a CT, FREE, or X!*

CT = class time

FREE = time available to be tutored

X = times not available

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:00					
9:00-10:00					
10:00-11:00					
11:00-12:00					
12:00-1:00					
1:00-2:00					
2:00-3:00					
3:00-4:00					
4:00-5:00					
5:00-6:00					
6:00-7:00					

OFFICE USE ONLY:
