

Learning Assistance TUTORING REQUEST

THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED TO tutoring@lakemichigancollege.edu BEFORE YOU RECEIVE TUTORING SERVICES
 SAVE THIS COMPLETED FORM TO YOUR DEVICE AND EMAIL TO: tutoring@lakemichigancollege.edu.

DATE _____ LAST NAME _____ FIRST NAME _____

STUDENT ID NO. _____ PHONE NUMBER THAT WORKS _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ CAMPUS _____ TERM _____

OPTIONAL: ARE YOU RECEIVING SERVICES FROM LAC SUPPORT SERVICES? YES NO

DO YOU HAVE A DISABILITY? YES NO IF YES, PLEASE SPECIFY:

DO YOU NEED ASSISTANCE WITH ENGLISH AS A SECOND LANGUAGE? YES NO

WHICH SERVICES ARE YOU REQUESTING? TUTORING NOTE-TAKING* TEST-READING/SCRIBING*

*THESE SERVICES ARE SUBJECT TO ELIGIBILITY THROUGH LAC SUPPORT SERVICES.

PLEASE LIST ALL CLASSES FOR WHICH YOU MAY NEED TUTORING:

CATALOG NAME OF COURSE	CRN	INSTRUCTOR	CLASS MEETING TIMES

YOUR SIGNATURE AT THE END OF THIS DOCUMENT INDICATES THAT YOU UNDERSTAND AND AGREE TO THE FOLLOWING:

STUDENTS:

- MUST BE ENROLLED IN THE COURSES AT LMC FOR WHICH THEY RECEIVE TUTORING SERVICES.
- ARE RESPONSIBLE FOR KNOWING THEIR ASSIGNMENTS AND DUE DATES.
- MUST ATTEND CLASS AND PREPARE FOR SESSIONS TO RECEIVE TUTORING; TUTORS DO NOT PROVIDE DROP-OFF ASSISTANCE.
- ARE REQUIRED TO ABIDE BY COLLEGE CONDUCT AND LAC POLICIES; THIS MEANS RESPECTING OTHERS IN THE LAC, MAINTAINING SELF-CONTROL IN THE LAC, AND ATTENDING SCHEDULED APPOINTMENTS.
- MUST BE PRESENT AND PREPARED WELL AHEAD OF DUE DATES TO RECEIVE HELP WITH A PAPER OR PROJECT FOR ANY COURSE.
- ARE RESPONSIBLE FOR SIGNING THE LEARNING OBJECTIVE FORMS (LOFs) PROVIDED BY TUTORS.
- MUST RESPECT TUTORS' PERSONAL TIME AND PRIVACY.

TUTORS:

- ARE NOT SUBSTITUTES FOR CLASS ATTENDANCE; STUDENTS MUST CONSISTENTLY ATTEND CLASS PRIOR TO TUTORING.
- ARE NOT PERSONAL COUNSELORS.
- ARE TO ENCOURAGE STUDENTS' GROWTH AS INDEPENDENT LEARNERS IN A SUPPORTIVE LEARNING ENVIRONMENT.
- ARE TO DEMONSTRATE AND ENCOURAGE APPROPRIATE LEARNING STRATEGIES.
- ARE TO FOCUS ON THE STUDENT'S ACADEMIC NEEDS AND CONCERNS WITHIN LEGITIMATE BOUNDARIES.
- ARE TO MAINTAIN RESPECTFUL, ETHICAL, AND PROFESSIONAL ATTITUDES TOWARD STUDENTS, FACULTY AND STAFF AT ALL TIMES.

I UNDERSTAND THAT YOU MAY SHARE MY PROGRESS WITH MY INSTRUCTOR. I PREFER TO OPT OUT. INITIAL HERE _____

SIGNATURE _____ (A COPY OF THIS DOCUMENT PROVIDED ON REQUEST.)

FOR OFFICE USE ONLY	DATE FORM RECEIVED/PROCESSED _____	US Citizen? Y N	Perm Res? Y N
PROGRAM / DEGREE _____	FIELD OF STUDY _____	TS Y N	3/6 Credits? Y N
	REFERRED TO _____	Pell Eligible? Y N	ML Guide? Y N
		CTE? Y N	
	Entered _____ by _____		