

**School of Health Professions  
Faculty Request for Tutor Services**

Please provide all information requested. Failure to provide complete information could delay tutoring services from being assigned. This form can be submitted by saving the form to your computer and then submitting the form as attachment in an email to [shp.studentaffairs@utmb.edu](mailto:shp.studentaffairs@utmb.edu).

Student Name: \_\_\_\_\_  
Last First Middle

Student ID#: \_\_\_\_\_ Program: \_\_\_\_\_ Year: \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Subject Name	4 Digit Course Number	Current Grade	Instructor

Please note: If the student needs assistance with study strategies, test taking skills & organizational skills, please refer them to Student Wellness, at (409) 747-9508. Student Wellness is located in UTMB Health Clinics on the 6<sup>th</sup> floor.

Your Comments:

Faculty Phone: \_\_\_\_\_

\_\_\_\_\_  
Faculty Member Making Request Date

Faculty Email: \_\_\_\_\_

Office Use Only:

Referred to: \_\_\_\_\_  
Student Tutor Date