

School of Health Professions Student Request for Tutor Services

Students: Please provide all information requested. **Failure to provide all 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 garovell@utmb.edu, or deliver to room 4.506.

Student Name: _____
Last First Middle

Student ID#: _____ Program: Respiratory Care

Student Email: _____

Student Phone: _____

Course Dept. (i.e., RESC)	4 Digit Course #	Subject Name	Current Grade	Instructor

Check the area(s) in which you would like assistance:

- Content
 Prioritizing
 Time Management
 One Time Study Session

Note: If you need assistance with study strategies, test taking skills & organizational skills, please contact Student Wellness, at (409) 747-9508. Student Wellness is located in UTMB Health Clinics on the 6th floor.

Your Comments:

I understand that this request is subject to approval. Tutoring may occur in a group session or one-on-one, depending on tutor availability. All requests are subject to the rules and regulations set forth in the School of Health Professions Bulletin and the University of Texas Medical Branch General Information Catalog.

By checking this box, I certify that the information provided in this form is correct and true.

 Typed Student Name (Acts as Document Signature) Date

Office Use Only:

Referred to: _____
Student Tutor Date