



SAMPSON COMMUNITY COLLEGE

**STUDENT SUPPORT SERVICES
TUTEE'S WEEKLY TUTORING SCHEDULE**

Tutee Name: _____	Semester: _____
Desired Number of Hours (1-10) per week: _____	Email: _____
Cell Phone: ____ () _____	Home Phone: ____ () _____

COURSE(S) I AM REQUESTING TUTORING FOR (Ex. Bio 110):

STATEMENT OF RELEASE FOR CONTACT INFORMATION:

<p>Read carefully, check the one that applies, sign, and date:</p> <p><input type="checkbox"/> I give permission to SSS to release my contact number to my tutor.</p> <p><input type="checkbox"/> I <u>do not</u> wish to have my contact number release to my tutor.</p> <p>Your Signature: _____</p> <p>Date Signed: _____</p>

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9					
9-10					
10-11					
11-12					
12-1					
1-2					
2-3					
3-4					
4-5					

INSTRUCTIONS: Draw an X through the time slots you **are not available** to tutor each week.