



**SAMPSON COMMUNITY COLLEGE**

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

Tutor Name: \_\_\_\_\_ Semester: \_\_\_\_\_  
 Desired Number of Hours (1-10) per week: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ ( ) \_\_\_\_\_ Home Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

COURSE(S) I AM AVAILABLE TO TUTOR (Ex. Bio 110):

STATEMENT OF RELEASE FOR CONTACT INFORMATION:


**Read carefully, check the one that applies, sign, and date:**

I give permission to SSS to release my contact number to my tutee(s).  
 I do not wish to have my contact number release to my tutee(s).

Your Signature: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_

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.