

Name: _____, _____ Date: _____ 20 _____
(last) (first)

Tel. #: Cell _____ H _____ W _____

E-mail: _____ Male Female Student ID: _____

DVC COURSE FOR WHICH TUTORING IS REQUESTED	
Course Title: _____	Instructor: _____
Is English your first language? <input type="radio"/> Yes <input type="radio"/> No If no, first language is: _____	
1. What days and times can you come for tutoring? (Example: MW, 2-5 p.m.)	
2. Below, please place a check mark next to all of the times you are available FOR TUTORING .	

Mondays 8:30 , 9:00 , 9:30 , 10:00 , 10:30 , 11:00 , 11:30 , 12:00 , 12:30 , 1:00 , 1:30 ,
 2:00 , 2:30 , 3:00 , 3:30 , 4:00 , 5:00 , 6:00 , 7:00

Tuesdays 8:30 , 9:00 , 9:30 , 10:00 , 10:30 , 11:00 , 11:30 , 12:00 , 12:30 , 1:00 , 1:30 ,
 2:00 , 2:30 , 3:00 , 3:30 , 4:00 , 5:00 , 6:00 , 7:00

Wednesdays 8:30 , 9:00 , 9:30 , 10:00 , 10:30 , 11:00 , 11:30 , 12:00 , 12:30 , 1:00 , 1:30 ,
 2:00 , 2:30 , 3:00 , 3:30 , 4:00 , 5:00 , 6:00 , 7:00

Thursdays 8:30 , 9:00 , 9:30 , 10:00 , 10:30 , 11:00 , 11:30 , 12:00 , 12:30 , 1:00 , 1:30 ,
 2:00 , 2:30 , 3:00 , 3:30 , 4:00 , 5:00 , 6:00 , 7:00

Fridays 8:30 , 9:00 , 9:30 , 10:00 , 10:30 , 11:00 , 11:30 , 12:00 , 12:30 , 1:00 , 1:30 ,
 2:00 , 2:30 , 3:00

Saturdays 11:00 , 11:30 , 12:00 , 12:30 , 1:00 , 1:30 , 2:00 , 2:30 , 3:00

To submit this form:

1. Fill in all appropriate fields.
2. Save the file to your computer or device.
3. Email the saved file as an attachment to **hlee@dvc.edu**.

FOR OFFICE USE ONLY:

TUTOR		FIRST MEETING			
DAY AND TIME					
	ADD	DROP		ADD	DROP
TUTOR NOTIFIEDED			ADD LIST		
SCHEDULE CARD			WORKSHEET		
DAILY MASTER			TUTEE NOTIFIED		