CHANGE OF TUTORING STATUS

Student Name: _____   Semester/year: _____

Tutor Name: _____

All changes must be approved by the Tutor Coordinator. **This change is for** (check all that apply):

- ☐ Hours tutored per week
- ☐ Transfer to new tutor
- ☐ Student withdrawal from tutoring
- ☐ Tutoring suspended
- ☐ Other (specify): _____
  _____

- ☐ Day(s)/time(s)
- ☐ Change of course
- ☐ Student withdrawal from class

Current Information	New Information
Course: _____	Course: _____
Days/times: _____	Days/times: _____
No. of hrs. per week: _____	No. of hrs. per week: _____

Other (explain): _____
_____
_____

This change is:

☐ Semester-long ☐ Temporary: From _____ To _____

Effective date of change: _____ Semester Week #: _____

Reason for change: _____
_____

Tutor: _____   Date: _____

Tutor Coordinator: _____   Date: _____

For office use only: ☐ Approved   ☐ Denied

Comments: _____
_____