



THE KING'S COLLEGE
Tutoring Request Form

STUDENT INFORMATION

Name: _____

Email: _____

House: _____

Year: Freshman Sophomore Junior Senior

COURSE INFORMATION

Course: _____

Comments/Stipulations: _____

Professor Signature: _____ **Date:** _____

For Office Use Only

Tutor Assigned _____

Initials/ Date: _____

Follow Up _____

Initials/ Date: _____

Follow Up _____

Initials/ Date: _____