



**Learning Center
Tutoring Request Form**

Date RCVD (*office use only*) _____

Cost Information:

- Weekly Individual Tutoring: \$90 per course, per semester
- Weekly Group Tutoring: \$45 per course, per semester (5 or less students per group)

Please Note: Payment due before first tutoring session in the form of cash or check made payable to Biola University. Payment is not required for submission of request form.

Name _____ ID# _____

Cell Phone# _____

Level/Year FR SO JR SR BOLD Grad Major _____

Class Name _____ Professor: _____

Comments: _____

I am requesting: Individual Tutoring(\$90) _____ Group Tutoring(\$45) _____

Hours Available to receive Tutoring (please include ALL available times, including evenings or weekends)

Mondays _____ am/pm TO _____ am/pm

Tuesdays _____ am/pm TO _____ am/pm

Wednesdays _____ am/pm TO _____ am/pm

Thursdays _____ am/pm TO _____ am/pm

Fridays _____ am/pm TO _____ am/pm

Saturdays _____ am/pm TO _____ am/pm

Sundays _____ am/pm TO _____ am/pm

Tutoring Agreement

Please read and sign before submitting request

In order to provide quality service to our clients, it is important that each student abides by the following guidelines:

1. **Keep all scheduled appointments.** If for some reason you cannot attend, you need to call the Learning Center the day before to cancel the session. Please provide at least 24 hours notice from the time you call to the time of your scheduled appointment. The Learning Center staff reserves the right to cancel all tutoring privileges after two missed sessions.
2. **Be on time for sessions:** When meeting at the pre-arranged location, both clients and tutors are asked to observe the "15- Minute" rule. If the tutor has not arrived in 15 minutes, please inform the Learning Center staff so they can notify them.
3. **Arrive prepared for each session** with materials and completed work previously recommended by the tutor.
4. **Be aware that tutoring will officially end the week before finals.**
5. **Pay the appropriate fees for tutoring before sessions begin.** Fees should be paid at the time this form is signed and submitted. Fees are as noted on the top of this form. Please Note: There are no Refunds. In order to maximize the benefit of your tutoring experience, you are expected to attend all sessions for the entire semester. The Learning Center staff may make allowances for external circumstances.

" I have read and I understand the Tutoring Agreement and will be responsible and abide by it."

Name _____ Date _____

Office Use Only:

Request Taken By _____ *Payment Date/Amount* _____

Date Filled _____ / _____ / _____

Tutor Name _____ *Day/Time of Meeting* _____

Starting Date _____ / _____ / _____ *Group Session/ One on One*

Date of payment _____ / _____ / _____