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| **Tutor Request Form Today’s DATE\_\_\_\_\_** **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am requesting a tutor for:** | **I am requesting a tutor for:** |
| **SBU E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: Professor** | **Course: /Professor:** |
| **Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Campus or Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Circle One: FR. SO. JR. SR. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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|  **Are you a Student-Athlete? Yes \_\_\_\_ No \_\_\_\_** **Are you HEOP? Yes \_\_\_\_ No \_\_\_\_** |  |
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| **Have you met with your professor for assistance? Yes \_\_\_ No \_\_\_** | **Your professor is your best source of help.** |

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| **Please place an "X" during the times you are NOT available for tutoring.** |  |
| **Please LEAVE BLANK the times that you ARE available to meet with a tutor.** |  |
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| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 8:30 | 8:30 | 8:30 | 8:30 | 8:30 |
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| 9:30 |  | 9:30 |  | 9:30 |
|  | 10:00 |  | 10:00 |  |
| 10:30 |  | 10:30 |  | 10:30 |
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| 11:30 | 11:30 | 11:30 | 11:30 | 11:30 |
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| 12:30 |  | 12:30 |  | 12:30 |
|  | 1:00 |  | 1:00 |  |
| 1:30 |  | 1:30 |  | 1:30 |
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| 2:30 | 2:30 | 2:30 | 2:30 | 2:30 |
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| 3:30 |  | 3:30 |  | 3:30 |
|  | 4:00 |  | 4:00 |  |
| 4:30 |  | 4:30 |  | 4:30 |
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| 5:30 | 5:30 | 5:30 | 5:30 | 5:30 |
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| 6:30 | 6:30 | 6:30 | 6:30 | 6:30 |
|  |  |  |  |  |
| 7:30 | 7:30 | 7:30 | 7:30 | 7:30 |
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| **Please carefully read and then sign the Tutoring No-Show Policy on the next page.** |
| **Please note: All tutoring will take place at the Learning Center during hours of operation.** |

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**WELCOME TO THE LEARNING CENTER**

**We are pleased that you have come to the Learning Center to consult with our tutorial staff.**

**TUTORING NO-SHOW POLICY**

A student who fails to appear for three scheduled tutoring appointments within one semester will forfeit his or her Learning Center Privileges in all subjects for the duration of the semester in which the violation occurs. Definitions of “no-show” include, but are not limited to, the following examples:

**\***Missing an appointment without a 24-hour prior notice of cancellation by calling x2066 or emailing TLC@sbu.edu.

**\***Arriving more than 10 minutes late to a tutoring appointment.

**\***Arriving unprepared for an appointment (for example, not bringing books and/or relevant materials, not bringing specific questions, or displaying limited attempt or individual effort).

**\***Not fulfilling objectives established in previous tutoring session (for example, not completing reading, writing or problem solving the tutor had assigned to the student).

If there is a dispute regarding interpretation of the No-Show Policy, the tutor and the student may consult with the Director of the Learning Center. The Director, in consultation with other professionals if necessary, shall make the final determination concerning one-semester termination of Learning Center tutoring privileges.

It is the responsibility of the tutor to assist your understanding of the course being tutored. If you feel this is not being accomplished, please let us know.

**CONFIDENTIALITY**

Services rendered at the Learning Center are confidential. We do, however, request your signed permission to allow us to discuss your academic situation with your professors and/or other University representatives if we deem it necessary.

I have read and I understand the LEARNING CENTER’S CONFIDENTIALITY AND TUTORING NO-SHOW POLICIES.

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 Student’s Signature Date

**Family Education Rights and Privacy Act (FERPA)**

Pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA) St. Bonaventure University adopts the following policy in order to afford students certain rights pertaining to their educational records.

FERPA gives students the right

* to inspect and review their own records.
* to request amendments to their record.
* to have some control over the release of personally

identifiable information from their records.

**Parents do not have the right to access records of students at the post-secondary level, except in these two cases**:

* They have the written consent of the student.
* In response to a subpoena (the student must be notified that records were released).

**University Policy on Parental Notification**

In situations involving serious injury, illness, emotional or psychological concerns, a University medical doctor or counselor may notify the parents/guardians of an affected student. The Vice President for Student Life or Director of Residence Life may notify parents/guardians of other crises (e.g. serious disciplinary situation or crisis situation). When possible, the student will be aware of, and have the right to initiate, such notification. Unless otherwise notified by the student, the University will assume that the student agrees to the involvement of parents/guardians in this process as stated above.

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**FERPA RELEASE FORM**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I.D. # \_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby authorize the Records Office to send a copy of my grade reports to my parents.**

**I understand that this will be for the duration of my undergraduate tenure at St. Bonaventure.**

**I hereby authorize my parents/legal guardian to have access to my academic record at SBU, including grades, current academic performance and attendance records.**

**\_\_\_\_\_\_\_\_\_\_\_ STUDENT SIGNATURE Date**