

Charles W. Kocher Student Success Center  
**\*\*\*Request For Assistance\*\*\***

Form 75

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method and time(s) for contact: \_\_\_\_\_

**Please list all days/times which you can be available to receive assistance:**

Available time(s):
Mondays: _____
Tuesdays: _____
Wednesdays: _____
Thursdays: _____
Fridays: _____

Assistance/Tutoring (for a specific course):

Course Name: \_\_\_\_\_ Course Number & Section: \_\_\_\_\_

Instructor: \_\_\_\_\_

Other (Please specify): \_\_\_\_\_

**After requesting assistance, you will briefly meet with a Student Success Center staff member in order to explore all academic skills and support options with you.**

- Self-directed (BTC website, handouts, other resources)
- Guided Skills Improvement (workshops)
- Individualized Tutoring/Assistance and/or Drop-In Tutoring

*By signing below, I agree to adhere to the guidelines and responsibilities set forth by the BTC Assistance/Tutoring policy.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>SUCCESS CENTER USE ONLY</b>	
<b>This student was referred to:</b>	
<input type="checkbox"/> Workshop(s): _____	
<input type="checkbox"/> Drop-In Tutoring: _____	
<input type="checkbox"/> Individual Tutoring: _____	
<input type="checkbox"/> Other: _____	
<b>Staff Signature:</b> _____	<b>Date:</b> _____
<b>Coach assigned:</b> _____	<b>Date:</b> _____