



**Texas Health and Science University**

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**Tutor Request Form**

**Student Information:**

Name & Cohort Number: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Instructor's Name: \_\_\_\_\_

Reason for Request/ Notes for Tutor:

Desired Day(s) & Time(s)

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Student Signature: \_\_\_\_\_

\_\_\_\_\_  
Academic Dean Initial Approval

\_\_\_\_\_  
Instructor initial Approval

**Post Tutoring Assessment**

Instructor Assessment (Please include in assessment if tutoring should continue)

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