



Sophie Davis Biomedical Education Program / CUNY School of Medicine

Learning Resource Center
Harris Hall, Room 114

Tel: (212) 650-8408
Fax: (212) 650-6514

REQUEST FOR TUTORIAL SERVICES

Please Print:

Date: ____/____/____

Name: _____
Last First

Address: _____
Number Street Apt. #

City State Zip code
Day Phone (____) _____ Cell Phone (____) _____ E-mail: _____

Curriculum/Program: SD Bio-medical Ed.: _____ Physician Assistant Program: _____ Other: _____

Check year of study: ____1st year ____2nd year ____3rd year ____Med1 year ____Med 2 year ____Med 3year ____Med 4 year

Course for which tutorial service is desired:

Course#

Course Title:

Instructor:

Please provide a copy of your class schedule & attach to this form. Check your e-mails for your tutor assignments.

Please check the days and hours you are available for tutoring:

Time:	Monday	Tuesday	Wednesday	Thursday	Friday
10-11 am					
11 am -12 pm					
12-1 pm					
1-2 pm					
2-3 pm					
3-4 pm					
4-5 pm					
5-6 pm					
6-7 pm					

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For Office Use Only:

Assigned Tutor: _____

Contact #: _____

Day/ Time: _____

Date of Assignment: _____