

TUTORIAL REFERRAL FORM
(To Be Filled In By The Professor/TA/Advisor)

Students' Name _____

Course _____ Section _____

Exam Scores and Letter Grades _____

Student's estimated class grade now A AB B BC C CD D F

This student HAS / HAS NOT been seeing me during office hours.

REASONS for referring student to the Tutorial Program.

Date _____ Professor/TA/Advisor's Signature _____

Students interested in participation in the Tutorial Program should see the Director, David Camacho
During one of the hours listed below:

Room 321 Van Vleck Hall

Monday	9:55-10:45	3:30-4:20
Tuesday	11:00-11:50	2:25-3:15
Wednesday	12:05-12:55	3:30-4:20
Thursday	11:00-11:50	2:25-3:15
Friday	9:55-10:45	

If you cannot make any of the above times, call 263-6817 to make an appointment for an interview