REQUEST FOR EXTENDED TLC TUTOR SUPPORT

Student Directions:
By completing this form, you are requesting a regular, 60 minute/week appointment with a TLC peer tutor. Due to limited staff, we cannot guarantee that your request will be fulfilled, but every effort will be made to provide the support needed.
1. Please complete the information on this side of the form.
2. Meet with your professor to discuss your request & complete the back side of the form together.
3. Return completed form to the TLC office in CARNEGIE 116.

Your Name: ___________________________ Telephone: ________________

Box #: ______ user: ______________________@bucknell.edu Year: 20___

For which course are you requesting a tutor? Professor _____________________________

Biology: 121, 122, 205, 206, 207
Chemistry: 105, 160, 201, 202, 205, 211, 212
Math: 192, 201, 202, 216
Physics: 211, 212

As SPECIFICALLY as you can, describe the concepts, topics, and skills with which you are having difficulty in this course. Use this information as a starting point when working with your professor to complete the back portion of this form.

What other avenues are you pursuing for help? (Check all that apply).

___ Office hours: How often do you go? __________________________
*Please note: We believe that seeking strategic help during your professor's office hours is your best source of academic support. Please see our Planning for Strategic Intervention worksheet available at www.bucknell.edu/learningcenter

___ TLC tutoring appointments (for this course)
   o If yes, how many times have you gone? _______
   o Which tutor(s) did you work with? ___________________________
   o Please provide the full name(s) of a tutor(s) you would prefer to meet with consistently (optional): ___________________________

___ Department help sessions
___ TLC Study Group
___ Studying with classmates
___ Emails with professor
___ Other: ___________________________
**Professor Directions:**

1. Please complete this side of the form with the student making the request.
2. Use the information provided on the front side of this form to discuss your student’s academic progress.
3. The student will return the completed form to the TLC office in CARNEGIE 116.

This student meets one or more of the criteria necessary for extended tutoring support:

<table>
<thead>
<tr>
<th>□ Beginning of the Term</th>
<th>□ After Estimated Grade (both boxes below must be checked to qualify)</th>
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<tbody>
<tr>
<td>• Student disclosed a documented learning disability</td>
<td>• Student is currently earning a grade of a C- or below</td>
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<td>• Student earned a D in a previous sequential course, from</td>
<td>Your <em>estimate of this student’s current grade in the course</em> _____</td>
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<td>the beginning of the second course in the sequence</td>
<td>Student REGULARLY uses OFFICE HOURS and other means of support</td>
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<tr>
<td>(Math 201 → Math 202, Chem 201 → Chem 202, Chem 211 →</td>
<td>(help sessions, study groups)</td>
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<td>Chem 212, Phys 211 → Phys 212)</td>
<td>Your *DETAILED perspective on the student’s learning is essential.</td>
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<td></td>
<td>Please share SPECIFIC concepts, skills, or issues with which they</td>
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<td>need help:</td>
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</table>

The student and I have discussed their specific needs and/or previous history with this subject area *(required)*

Please note any comments or observations regarding specific student needs below, if applicable:

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*Professor’s Signature__

If you have questions or concerns, please feel free to contact us at 7-1841 or email tutoring@bucknell.edu.

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**For Office Use Only**

- Date Received: ________________
- Date Assigned: ________________
- Tutor Assigned: ________________
- Regular appt time: ________________