

REQUEST FOR FULLY SUBSIDIZED TUTORING
INTERCOLLEGIATE OFFICE
DEPARTMENT OF ATHLETICS

TO BE FAXED TO THE TUTORIAL SERVICE: 398-8149 PLEASE PRINT CLEARLY

SEMESTER: FALL WINTER SUMMER

DATE: _____

NAME OF STUDENT: _____

SPORT: _____

STUDENT NUMBER: _____

FACULTY & YEAR: _____

TELEPHONE NUMBER: _____

McGILL E-MAIL: _____

NAME OF COURSE(S) & COURSE NUMBER(S):

NUMBER OF APPROVED TUTORING HOURS: _____

APPROVED BY: _____

NOTE: IT IS THE RESPONSIBILITY OF THE INTERCOLLEGIATE OFFICE TO ISSUE A COPY OF THIS REQUEST FORM TO THE STUDENT, ALONG WITH A COPY OF THE PROCEDURES FORM.

FOR FURTHER INFORMATION:

LORRAINE BUSH
ADMINISTRATIVE COORDINATOR
TUTORIAL SERVICE
(398-6011)