

**Delaware State University
Academic Support Center Tutor / Computer Lab
William C. Jason Library
Room 206
302-857-6389**

TUTOR REQUEST FORM

Last Name (print): _____ Date: _____

First Name (print): _____ Cell Phone #: _____

Student ID#: D _____ DSU Email (only): _____

Classification (check): Freshman Sophomore Junior Senior

Course Title	CRN#	Professor's Name

Please check all that apply:

Project Success Academic Probation Re-Admitted Student Regular Student

EAS-Early Alert System Student Athlete

(circle sport):

- | | |
|-------------------|-------------------|
| M. Basketball | W. Basketball |
| Bowling | Baseball |
| Football | W. Soccer |
| Softball | W. Tennis |
| M. Track/Field/CC | W. Track/Field/CC |
| Volleyball | Cheer Team |
| Equestrian | |

For Office Use Only:

Tutor Assigned: _____

		Comments
Date of Assignment		
Tutor File Date		
Tutor Contact form to Student		
Callback Dates		

Please call (302) 857-6389, email tutors@desu.edu, or come into the Library Room 206
if you are not contacted within 48 hours.

Tutors: “Cultivators of Knowledge”