



SIERRA
NEVADA
COLLEGE

TUTORING REQUEST FORM

Student Name: _____ Date of Request: _____

Contact Phone: _____ Contact Email: _____

Parent Name (if student is 18 years old or under): _____

Parent Signature (if student is 18 or under): _____

Name of attended school: _____

Description of tutoring needs (subject(s), dates, proctoring, etc.): _____

The following will be completed by the OASIS Office.

<i>Initial Contact Date:</i>	<i>SNC Student Tutor Assigned:</i>
<i>Location of Tutoring:</i>	<i>Date and Time of Appointment:</i>
<i>Follow Up:</i>	
<i>Person Assigning this Request:</i>	
<i>NOTES:</i>	

The SNC Tutoring Center is located in the Office of Academic Services and Instructional Support (OASIS):

Prim Library, 3rd Floor, Spaces 332 & 333
999 Tahoe Boulevard, Incline Village, NV 89451
Henry Conover, Director of Academic Support Services, Office #304
(775) 831-1314 x7534 or hconover@sierranevada.edu
Fax (775) 832-1684

For more information, please visit our website at www.sierranevada.edu.