

Academic Resource Center

Educational Opportunity Program; South Wing730

Request For Academic Mentoring

Date:

Name: <input type="text"/>
Academic Level: Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/>
Local Phone: (716) <input type="text"/> E-mail: <input type="text"/>
Local Address: <input type="text"/>
City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>

- In what subject areas do you need tutoring?

Please be specific, give course name and number, and the instructor's name. (Ex: CIS 151, Dr. John Doe)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- Are you an EOP student? Yes No

(if yes, please fill in name of your EOP counselor)

EOP Counselor:

- Do you have any special learning or language needs? Yes No

(If yes, please explain)

Please check the days and times that you are requesting tutoring services with an "X".

The Academic Resource Center is open from 9:00 a.m. to 7:00 p.m. Mondays to Thursday and Friday from 9:00 a.m. to 3:00 p.m. Weekend and after hours tutoring is available by appointment.

Time/Day	Mon	Tue	Wed	Thu	Fri
9:00 - 10:00 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 - 11:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 - 12:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 - 1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00 - 2:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 - 3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00 - 4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4:00 - 5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5:00 - 6:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6:00 - 7:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please print out this form, complete all information, and return to:

Academic Resource Center
Educational Opportunity Program
South Wing 730
Buffalo State College
1300 Elmwood Avenue
Buffalo NY 14222-1095