

# Request to Tutor or Receive Tutoring at Alternative Campus Location

Tutor Name: \_\_\_\_\_

Tutor Subject: \_\_\_\_\_

Student Name: \_\_\_\_\_

LEP Counselor: \_\_\_\_\_

Alternative Location: \_\_\_\_\_

## Explanation for Request

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TUTOR SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

STUDENT SIGNATURE

\_\_\_\_\_

DATE

## **APPROVAL FORM**

*For use by LEP Tutoring Coordinator ONLY*

After careful consideration by the LEP Tutoring Coordinator, the tutor's Lead Tutor and the student's LEP Academic Counselor, your request has been:

- GRANTED
- DENIED

### **APPROVAL SIGNATURES**

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LEP ACADEMIC COUNSELOR

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DATE

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TUTORING COORDINATOR

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DATE