



**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.

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

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, OASIS Coordinator, 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.