

**REQUEST FOR TUTORING ASSISTANCE**

River Valley Community College  
1 College Place, Claremont, NH 03743  
438 Washington Street, Keene, NH 03431  
15 Hanover Street, Lebanon, NH 03766  
603-542-7744 Extension 5499

**PLEASE PRINT CLEARLY**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
College Email

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Are you enrolled in a RVCC College Course?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Have you been accepted into a RVCC program?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, which program? \_\_\_\_\_

Who is your academic advisor? \_\_\_\_\_

On which campus would you like to be tutored  
(Please check one)

- Claremont
- Keene
- Lebanon

Please check the semester for which you're requesting a tutor

- Fall                       Summer
- Spring

Please list the course name(s) and instructor for classes in which you need tutoring assistance:

1. Course Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

2. Course Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

3. Course Name:

Instructor: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>FOR OFFICE USE ONLY:</b></p> <p style="margin-top: 20px;">Tutor Assigned _____ Date _____</p>
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