EASTERN VIRGINIA MEDICAL SCHOOL

Office of the Registrar
Tutor Request Form

☐ M-1 ☐ M-2 ☐ SA-1 ☐ MPA-1 ☐ Biomedical Science

Please type or print.
Name:

_____
Last First Middle Initial

_____
Address

_____
City State ZIP Code

_____ _____
Phone Number Alternate Number

Class(es) for which you are requesting a tutor:
_____
_____

Specific areas of difficulty:
_____
_____
_____
_____
_____
_____

Times when you are available to meet with a tutor:
_____
_____

_____ _____
Student Signature Date

FOR OFFICE USE ONLY:

TUTOR NAME _____ CLASS _____

PHONE _____ DATE MATCHED_____