

Bemidji State University
Advising Success Center
Decker Hall 202 #44
(218) 755-4226
advising@bemidjistate.edu

Today's Date _____
Name of Person Referring You _____
Course Requesting Tutoring In _____
Name of Instructor _____

Tutor Request Form

I. GENERAL INFORMATION

Name _____ BSU ID _____

Local Address _____

Phone _____ E-mail _____

Gender _____ Ethnicity (optional) _____

II. REFERRAL INFORMATION

Do you receive TRIO/SSS services? Y N (please circle one)

*If you answered **No** to the previous question please answer the following three questions.

1. Are you a first-generation student? Y N
*first-generation meaning neither parent has earned a baccalaureate degree.

2. Do you receive financial Aid? Y N

3. Do you have a documented disability? Y N

Are there any other subjects/courses you need assistance with?

Is there anything else you would like us to know to better be able to provide support services that you may need?

The information provided is true and accurate to the best of my knowledge. I agree to allow CLASS to use my demographic information in reporting office statistics. I also authorize CLASS to access a copy of my transcript for follow-up information for annual reports. I understand that reports will not contain my name or specific information that can be connected to me individually.

Student's Signature

Date