

SCHEDULE WORKSHEET

TUTOR ← (Circle one) → TUTEE

Name: _____ Date: ___/___/___
 Address: _____ Phone: (____)____ - _____

UVAW Box # _____ E-mail Address _____ @ _____

Requesting tutor/willing to tutor for courses _____

Tutor preference: _____

Time preference: Morning _____ Afternoon _____
 Evening _____ No Preference _____

How often do you want tutoring? (once a week, twice a week, etc.) _____

Have you ever been a part of a TRIO Program? (Student Support Services, Upward Bound, Talent Search, etc...) YES _____ NO _____

BLOCK	Courses M/W/F	BLOCK	Courses T/TH
8:00 I		8:00 XII	
8:50		9:15	
9:00 II		9:30 XIII	
9:50		10:45	
10:00 III		11:00 XIV	
10:50		12:15	
11:00 IV		12:30 XV	
11:50		1:45	
12:00 V		2:00 XVI	
12:50		3:15	
1:00-1:50	CONVOCAATION BLOCK	3:20 XVII	
		4:35	
2:00 VI		4:40 XVIII	
2:50		5:55	
3:00 VII			
3:50			
4:00 VIII		M/W/F Evening	
4:50			
5:00 IX		T/TH Evening	
5:50			

Notes: _____
