

Name _____

Course Prefix & Number _____

Please fill in your schedule with the indicators that follow. *Make sure every block is filled with a CT, FREE, or X!*

- CT = class time
- FREE = time available to be tutored
- X = times not available

Reminder: *The more free time you include on your schedule, the better chance we will have of finding a tutor for you.*

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 - 9:00					
9:00 - 10:00					
10:00 - 11:00					
11:00 - 12:00					
12:00 - 1:00					
1:00 - 2:00					
2:00 - 3:00					
3:00 - 4:00					
4:00 - 5:00					
5:00 - 6:00					
6:00 - 7:00					

OFFICE USE ONLY:



To Faculty Member:

Your student is requesting a peer tutor for your course. In order to report tutoring hours for FTE generation, the student must be referred for tutoring by his/her instructor. **State auditors require that the course instructor sign a faculty referral form and provide written instructions about the specific course content the student needs help with.** Please complete the referral form below and have the student return it to the Learning Assistance Center (LAC).

Also, in order to ensure that we have knowledgeable and dependable tutors for your students, we must rely on your assistance. Please contact any students you know who would make good tutors for the course(s) you teach. These students must have made an A or B during a previous semester in the course for which they will tutor and have excellent communication skills. In addition, students who are currently enrolled in a course and are referred by their instructor may also tutor in that course. Tutors are paid and will be given appropriate tutor training. Please have all potential tutors come to the Learning Assistance Center for a Tutor Application. Your assistance is greatly appreciated.

Betty Kittner
Learning Assistance Center Coordinator
Jamestown Campus
Williams Hall 102
bekittner@gtcc.edu, x50314

Joi White-Henderson
Learning Assistance Center Coordinator
Greensboro Campus
Campus Center 132
jwhite@gtcc.edu, x53101

Learning Assistance Center
High Point Campus
H4, Room 219
x55048

FACULTY TUTEE REFERRAL
Learning Assistance Center

I recommend that _____, _____, receive
Student Name GTCC ID Number

tutoring in _____, _____ .
Course Code-Section Semester Year

This student needs help with the following topics: *(please list specific course content)*

Instructor's Signature

Date