

SUPPORT SERVICES OFFICE
Tutoring Request Form
www.harlingen.tstc.edu/supportservices



1902 N. Loop 499 | Harlingen, TX 78550 | 956.364.4520 | 1.800.852.8784 | www.harlingen.tstc.edu

Tutor's Name: _____ **Address:** _____

Telephone #: _____

Student's Name: _____ **Date:** _____

ID#: _____ **Semester:** _____

Course: _____

As the instructor of the above student in the course indicated, I recommend that the student receive individualized peer tutoring for this course. I believe that tutoring will help the student to better understand the concepts of the course, and will assist him/her to keep up the required assignments and/or better prepare for testing of the course content.

Instructor's Signature: _____ **Date:** _____

Support Services Staff: _____ **Date:** _____