

Clinton College

Beacon of Light Scholars Program

**BEACON OF LIGHT SCHOLARS PROGRAM
Application for Tutoring**

Instructions: Please print legibly and complete all information on this application. Submission of this request does not guarantee you will be assigned a tutor due to the availability of tutors. The ultimate responsibility of preparing for class and passing the class is upon the student. By signing the student agrees that he or she understands and will comply with all instructions. If a tutor is assigned please make contact within 48 hours to schedule the first meeting. The tutoring schedule will be created between the tutor and tutee based on the availability of the tutor (not to exceed two hours per week per class). If there are any concerns or questions contact Ms. Sharper at (803)327-7402 Ext. 8168.

Name: _____
Full legal name (last name, first name, middle name or initial)

Student ID # _____

Current Telephone: _____ (Best contact number)
Area code

Email Address: _____

Course(s) in which you would like to receive tutoring:

Course	Instructor
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Person Requesting Tutor Services: _____
Date: _____