

Fill out this form and return it to Lorna Scott, Room 219 North College

TUTOR ENROLLMENT FORM

Tutor's Name: _____ Wes. ID: _____

Date: _____ Semester: _____ Major: _____

Your class year (or specify if Grad student, Visiting International): _____

Wes P.O. : _____ Phone number: _____

Email address: _____

DEPARTMENT INFORMATION:

Please list the **Department, course number** and **titles** for the course (s) which you are signing up to tutor in. Also provide the **name of a faculty member** who will recommend you.

The faculty member may send an email to lscott@wesleyan.edu with their recommendation or you may obtain the signature of the recommending faculty member below.

Subject: _____

Course number: _____

Course title: _____

Recommending faculty member: _____
(Print name)

Signature of faculty member: _____

*Signature required only if we do not have an email or written recommendation from a faculty member.