



TUTOR REQUEST FORM

To be completed by the student

Name _____ Date _____

Address _____

Telephone _____ Email _____

Program _____ Grade/Year _____ Age _____

Institution _____

For which course are you seeking a tutor? _____

What is your estimated grade in this course at this time? _____

Have you studied the subject previously? YES NO . If so, what was your grade? _____

To the best of your ability, indicate the aspects of the course that give you difficulty. Please be as specific as possible.

To be completed by the teacher* (Grade 5-12)

Teacher's name _____ Teacher's signature _____

Number of hours needed per week (max 3) _____ For how many weeks? _____

Student Signature _____

Parent/Guardian Signature (if under 19 yrs of age) _____

Date of Application _____

To be completed by the IEF Office:

Tutor assigned _____ Date assigned _____

** In order to qualify for Grade 5-12 IEF-sponsored tutoring, this form must be signed by the teacher of the course and approved by the IEF Office.*

Inuvialuit Education Foundation
Bag Service #21
Inuvik, NT
X0E 0T0
Phone # 867-777-7029
Fax # 867-777-4506

Revised: March 9, 2012