



NATIONAL HONOR SOCIETY

SEAFORD CHAPTER NATIONAL HONOR SOCIETY TUTORIAL PROGRAM

TUTOR REQUEST FORM

Requested by: _____

Date: _____

Student's Name: _____

Grade: _____

Address: _____

Phone: () _____

Email: _____

Subject (s) Requiring Tutorial Help: _____

Other Information: _____

Date/Time Preference: _____

Date request was received by NHS advisor: _____

Date request was received by scheduler: _____

NHS Member Assigned: _____ No NHS tutor available at this time

Member's Phone: (____) _____

Other: _____

Date notification was sent to person requesting services indicating completion of request. _____