SAC / SoM Tutor Request Form

This application form is for the students who would like to receive tutoring through the Student Affairs Committee / School of Meteorology Tutor-for-Hire Program. SAC / SoM acts as a “tutoring clearinghouse” by linking qualified tutors to students who can benefit from their services. This program is run by the SAC, with oversight by the SAC Faculty Adviser.

The method and amount of payment for tutoring services should be agreed upon, by the tutor and student, in advance of the first tutoring session. Payment for this tutoring, and methods of payment will not be handled by the SAC of SoM. Students being tutored and their tutors agree to comply with the Tutor / Student Agreement (Code of Conduct) to ensure the integrity of the program. The SAC / SoM Tutor-for-Hire Program does not guarantee any grade in a class as a result of any tutoring provided through this clearinghouse. Students are encouraged to have an open dialogue with their tutor before the first tutoring session to briefly discuss the topics / subject matter requiring tutoring assistance.

Those wishing to receive tutoring must supply the following information:

1. Name: ______________________

2. Contact information:
   a. Phone Number: ______________________
   b. Email Address: ______________________

3. List of courses for which you would like to be tutored:
   (Please include course department, course number, and course name):
   ______________________
   ______________________
   ______________________
   ______________________

4. How would you prefer to be tutored? (Circle all that apply.)
   Individual  Group  No Preference

5. Please sign and date this application. Your signature confirms that you have read and understand the terms of this application and that you have read and will comply with the terms of the Tutor / Student Agreement (Code of Conduct) provided on the SAC website (http://weather.ou.edu/~sac/tutor/conduct.php). Your signature also confirms that the above information is correct.

_________________________________________  ___________________________
name                                                   date

Please return the completed form to the SoM Main Office in room NWC 5900