

Syracuse University

School of Education

REQUEST FOR TUTORING SPONSORSHIP

SUID number: _____

First Name: _____

Last Name: _____

Cell Phone: _____

Email: _____ @syr.edu

Major: _____

Class: First Year Sophomore Junior Senior

Academic watch/probation, one term trial Yes No

Class(es) requested for tutoring assistance:

I understand that I will be responsible for any additional tutoring expenses, when my voucher runs out.

Student Signature _____ **Date** _____

Voucher # _____

Amount _____