

TUTORIAL ASSISTANCE REQUEST

1. Student's Full Name: _____

2. Student's Email: _____

3. Student's Phone: () _____

4. Social Security Number (last four digits only): _____

5. Branch (select one): Army Coast Guard Dependent
Guard/Reserve Marine Corps Navy NOAA/PHS
Other/Not Specified _____

6. Education Benefit Type (select one):
Ch 1606 Ch 1607 Ch 30 Ch 31 Ch 33 Ch 35 Ch 36
Expired Financial Aid/Out-of-Pocket Frye Scholarship
Other/Not Specified VRAP

7. Course: _____
(Course Prefix/Number/Title/No. of Credit Hours)

8. Last Day of Class: _____

9. This student has an academic deficiency in this credit course, as evidenced by:

Signature of Instructor

Date

10. This credit course is required for completion of the student's program: Yes No

Signature of College Official

Date



VetSuccess on Campus