FSCJ Florida State College at Jacksonville

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