



LEARNERS' ASSISTANCE CENTRE (LAC)

REQUEST FOR TUTORING

Name (Print): _____ Date: _____

Phone: _____ Cell: _____

UCN E-mail: _____ Alt. E-mail: _____

Program: _____

Course	Problem Area	Mark	Instructor	Hrs. Studied /Day

- | | | | |
|--|-----|----|-----------|
| I keep up with daily assignments. | Yes | No | Sometimes |
| I attend class regularly. | Yes | No | Sometimes |
| I have a study buddy. | Yes | No | Sometimes |
| I take part in group study sessions. | Yes | No | Sometimes |
| I discussed the problem with the instructor. | Yes | No | |
| I want to learn other study strategies. | Yes | No | |

Please explain any above responses, if necessary. _____

Were you referred for tutoring? Y N By whom? _____

What times are you available for tutoring? _____

Is there anything else the LAC staff should know about this request? _____

Would you be willing to work with a Peer Tutor? Yes No

LAC Plan of Action: _____

Note: Students are requested to read and sign the Disclosure of Information form.

DISCLOSURE OF INFORMATION

Please read and sign this Disclosure of Information, if you agree.

Your personal information is protected under the *Manitoba Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information by University College of the North, please contact the FIPPA Coordinator, PO Box 3000, University College of the North, The Pas, MB. R9A 1M7
Telephone: 204-627-8649.

The information collected by the LAC staff will be used to assist you with your studies and will be disclosed as required to staff of University College of the North (LAC staff, instructors, academic advisors, and counselors) and assigned peer tutor(s).

I, _____ (please print your name), hereby consent to the Disclosure of Information related to my class and academic performance to LAC staff, UCN instructors, UCN academic advisors, assigned peer tutor(s) and UCN counselors.

Signature of Student: _____ **Date:** _____