

ACADEMIC TUTORING



Monday 16 October 2017

Student(s) name: Tutor Group:

Please select **three** of the following times in order of preference:

| | |
|-------|------|
| 12.00 | 3.30 |
| 12.15 | 3.45 |
| 12.30 | 4.00 |
| 12.45 | 4.15 |
| 1.00 | 4.30 |
| 1.15 | 4.45 |
| 1.30 | 5.00 |
| 1.45 | 5.15 |
| 2.00 | 5.30 |
| 2.15 | 5.45 |
| 2.30 | 6.00 |
| 2.45 | 6.15 |
| 3.00 | 6.30 |
| 3.15 | 6.45 |

First choice:

Second choice:

Third choice:

Parent signature:

Parent Name: