

- CHANGE OF SCHEDULE FORM -

We will do our best to accommodate your needs, however please be aware that our schedule may not allow for your requested date and/or time.

STUDENT NAME: _____ **DATE of REQUEST:** _____

Please include three choices to replace the scheduled session that you would like to change.

Session Times

(Mathease is closed on Fridays & Saturdays. All sessions are one hour long.)

Sunday: 10 AM, 11 AM, 12 PM, 1 PM, 2 PM, 3:30 PM, 4:30 PM, 5:30 PM, 6:30 PM

Monday - Thursday: 1 PM, 2 PM, 3 PM, 4 PM, 5:30 PM, 6:30 PM, 7:30 PM, 8:30 PM

Current Schedule	First Choice	Second Choice	Third Choice
DATE: _____	DATE: _____	DATE: _____	DATE: _____
TIME: _____ AM PM	TIME: _____ AM PM	TIME: _____ AM PM	TIME: _____ AM PM
For Admin Use Only	Tutor: _____	Tutor: _____	Tutor: _____

Current Schedule	First Choice	Second Choice	Third Choice
DATE: _____	DATE: _____	DATE: _____	DATE: _____
TIME: _____ AM PM	TIME: _____ AM PM	TIME: _____ AM PM	TIME: _____ AM PM
For Admin Use Only	Tutor: _____	Tutor: _____	Tutor: _____

Current Schedule	First Choice	Second Choice	Third Choice
DATE: _____	DATE: _____	DATE: _____	DATE: _____
TIME: _____ AM PM	TIME: _____ AM PM	TIME: _____ AM PM	TIME: _____ AM PM
For Admin Use Only	Tutor: _____	Tutor: _____	Tutor: _____

For Admin Use Only

☐ PH ☐ EM ☐ WI

_____ Scheduled _____ Verified _____ Contacted _____ Filed