



THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS, P.O. BOX 64, BRIDGETOWN, BARBADOS



## ACADEMY OF SPORT

Telephone: 1 (246) 417-4732/4856/4545/4526 | Fax: 1 (246) 438-9169 | Email: sports@cavehill.uwi.edu

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### STUDENT- ATHLETE TUTOR REQUEST FORM

Semester I

Semester II

Summer

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Sport: \_\_\_\_\_

Contact #: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

Email: \_\_\_\_\_

Date: \_\_\_\_\_

My reason for requesting a tutor:

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I would like tutoring in the following:

	<b>Course Name</b>	<b>Course Number</b>	<b>Course Section</b>	<b>Lecturer</b>	<b>Tutorial Leader</b>
<b>1.</b>					
<b>2.</b>					
<b>3.</b>					
<b>4.</b>					
<b>5.</b>					

Please put the course # in each box indicating times you are available for tutoring.

<b>Section</b>	<b>Time am- pm</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>
<b>A</b>	<b>9:00 – 10:00 am</b>					
<b>B</b>	<b>10:00 – 11:00</b>					
<b>C</b>	<b>11:00 – 12:00</b>					
<b>D</b>	<b>12:00 – 1:00</b>					
<b>E</b>	<b>1:00 – 2:00</b>					
<b>F</b>	<b>2:00 – 3:00</b>					
<b>G</b>	<b>3:00 – 4:00</b>					
<b>H</b>	<b>4:00 – 5:00</b>					
<b>I</b>	<b>5:00 – 6:00</b>					
<b>J</b>	<b>6:00 – 7:00pm</b>					

**Official Use Only**

Approved

Not Approved

<b>Course</b>	<b>Day</b>	<b>Time</b>	<b>Tutor</b>

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Dr Rudolph Alleyne  
Head

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Date