



We make healthcare happen

## Application to Receive Tutoring

**Full Name:**

**Michener Email:**

**Michener Student#:**

**Program & Year:**

**Address:**

**City/Province:**

**Postal Code:**

**Telephone #:**

**Please list the Michener course code(s) you would like tutoring in, or explain your difficulties:**

**Have you sought help from your instructor before applying for tutoring?      Yes      No**

Please fill out in full, and return to: Student Success Network Room 1316 or email: [success@michener.ca](mailto:success@michener.ca)