

**PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM**

**G-02** (Rev. 12/01)

**REQUEST FOR TUTORIAL ASSISTANCE**

FORM APPROVED:  
 OMB Approval No. 0917-0006  
 Exp. Date: 12/31/2007  
 See Estimated Average Burden Time  
 per Response on Reverse Side

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

**CIRCLE ONE:** Fall Winter Spring Summer

**INDICATE ONE:** Semester Quarter

**CIRCLE ONE:** Full-time Part-time

*I AM REQUESTING TUTORIAL ASSISTANCE IN THE FOLLOWING COURSE(S):*

COURSE NUMBER	TITLE	HOURS
_____	_____	_____
_____	_____	_____

*SPECIFIC DESCRIPTION OF PROBLEMS:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*DESCRIBE TUTOR ASSISTANCE NEEDED:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>TUTORIAL REQUEST</b>					
NAME(S) OF TUTOR(S)			TUTOR(S) QUALIFICATION(S)		
NUMBER OF HRS.	RATE PER HOUR	SUBTOTAL COST	NUMBER OF HRS.	RATE PER HOUR	SUBTOTAL COST
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL COST:</b>					

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE	DATE
ADVISOR'S ADDRESS	ADVISOR'S TELEPHONE NO.
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"><b>DATE REVIEWED (IHS use only)</b></div>	