



APPENDIX D

LA RONGE INDIAN BAND POST-SECONDARY EDUCATION



Request for Tutorial Assistance

STUDENT NAME:

STUDENT DATE OF BIRTH:

STUDENT PHONE NUMBER:

STUDENT E-MAIL:

CLASS REQUIRING TUTORIAL ASSISTANCE:

TUTOR'S FULL NAME:

MAILING ADDRESS

	Monday	Tuesday	Wednesday	Thursday	Friday
Start time					
End time					

Tutorials will be paid to a maximum of 2 hours per class per week @ \$25.00 per hour.

I declare that all the information provided is true and complete and I make this solemn declaration believing it to be true knowing that it is the same force and effect as if under oath.

Student Signature

Date

Tutor Signature

Date

Post-Secondary Office Signature

Date