

**Tutoring Center**  
118 Lyle Hall  
871-2420  
[Tutoringcenter@millersville.edu](mailto:Tutoringcenter@millersville.edu)

**TUTEE - Request to Withdraw from Tutoring Services**

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

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

Course: \_\_\_\_\_ Assigned to: Individual or Group (Please Circle)

Tutor's Name: \_\_\_\_\_

1. Are you a registered student in the Office of Learning Services? Yes or No  
(Please Circle)  
If yes, are you a student with a learning/physical disability? Yes or No  
(Please Circle)
2. Are you an AIM for Success student? Yes or No  
(Please Circle)  
If yes, what is your counselor's name? \_\_\_\_\_

3. Reason for withdrawing from Tutoring Services:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please answer the following:
- A. Did you find the tutoring sessions helpful? Yes or No (Please Circle)
- B. Was your tutor prepared for sessions? Yes or No (Please Circle)
- C. Was your tutor prompt for sessions? Yes or No (Please Circle)
- D. Did your tutor keep scheduled appointments? Yes or No (Please Circle)  
If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

- E. Did you keep scheduled appointments? Yes or No (Please Circle)
5. My tutor was knowledgeable about the subject matter. Yes or No (Please Circle)  
If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

6. My tutor was able to explain concepts clearly. Yes or No (Please Circle)

If no, please explain. \_\_\_\_\_

7. My performance improved in the course as a result of tutoring. Yes or No  
(Please Circle)

If no, please explain. \_\_\_\_\_

8. I would recommend my tutor to other students. Yes or No (Please Circle)

If no, please explain. \_\_\_\_\_

9. Additional comments, concerns, recommendations.

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You may re-apply for tutoring services at anytime by contacting the Tutoring Center at 871-2420 or in person at 118 Lyle Hall. Hours are Monday though Thursday 9:30 AM to 5:00 PM and Friday 9:30 AM to 3:00 PM.