Florida Atlantic University
Office of Veteran Affairs

Chapter 31 Tutorial Assistance

1. **Student's Name:** _____

2. **VA Claim Number:** _____

3. **Course:** _____

4. **This student has an academic deficiency in this credit course, as evidenced by:**

   _____

   _____

5. **Frequency of tutoring (hours per week):** _____

6. **Duration of tutoring (number of weeks):** _____

   _____ _____
   Signature of Instructor **Date**

7. **This credit course is required for completion of the student's program**

   ☐ **Yes** ☐ **No**

   _____ _____
   Signature of College Official **Date**

8. **Tutor's information**
   a. **Tutor's Name:**
      _____

   b. **Tutor's Address:** _____
      _____

   c. **Tutor's SS#:** _____

   d. **Tutor's Phone #:** _____

   e. **Tutor's Qualifications:** _____
      _____
      _____
      _____
      _____
      _____
      _____

Above information verified by: _____
Print Name **Signature**

_____ _____
Date **Title**