

FORM FOR REQUEST THE TUTORING

Surname (studen	Name (student)										
Study course			_E-mail _	@edu.unito.it							
A.Y	_	☐ 1st semester					2nd semester				
This form must be sent vithe activity. In case of request will be evaluated University budget.	belated request,	the office	e need	ds 15 days	s to v	erify the	availabil	ity of the p	eer tut	tors. The	
Type of requested activity:											
☐ TAKING NOTES DURING LESSONS (the applicant <u>must</u> attend the course/s):											
Name of the course	ame of the course Teacher/s		Credits Tim		Starting and final date of the course/s		l m	Attending v		Place and renue of essons	
								presence n-line			
								□ in presence □ on-line			
□ SUPPORT FOR PREPARING EXAMS (STUDYING SUPPORT)											
Name of the course			er/s		Credits Sessi		on or date of the exams to sit				
□ POSSIBLE NOTES	OF OTHER CO	OURSE (1	they c	ould be p	rovid	ed only it	f availat	ole in the o	ffice)		
Name of the course				Teacher/s					Credits		
□ POSSIBLE SUPPOI	RT FOR ADMII	NISTRAT	ΓIVE F	PURPOSE	ES (p	lease, sp	pecify):				
Date				C:							
Signature											