

Academic Success Center

Instructor Request for Class Visits/Tour

To request a tour of the ASC, please complete the following:

Instructor Name: _____

Course Name: _____

Date: _____

Time: _____

To request a tutor visit to your class, please complete the following:

Instructor Name: _____

Course Name: _____

Preferred Date/Time of Visit: _____ (one week notice please)

2nd choice: _____

Room Number: _____

Number of Students: _____

We will contact you via college email to confirm the visit and/or tour.

Please print this form and return it to the Academic Success
Center on the 4th floor or email a scanned copy to
abasche@capitalcc.edu