Red Rocks Community College

Study Group Request Form

Class In	nformatior	າ					
			se Name /Section]	[Day(s) & Time]	[Instructor Name]		
Preferre	ed Day(s)	Requested					
• • • • • • • • •	·				[Maximum 2 hours per week]		
Alterna	te Day(s)	Requestea			Times		
First Ma	ating Dat	+~.	Last Maating Dr	~+~•	[Maximum 2 hours per week]		
FIIST MG	enng Dai	е		ישוגי	Number of Students (minimum of 3)		
The Lea	arning Co	mmons may k	ce able to supply (a free tutor to w	vork with your study group.		
Are you	requesting	g a Tutor to me	et with your study g	roup? Yes	No		
Please lis	ist <u>ALL</u> nan	nes & Student E	Emails on the back o	of this sheet			
		Study C	roup Organizer	Contact Info	rmation		
		Sivuy G					
Name_				Student ID Nu	umber		
Phone_		Student Email					
			Important Inf	<u>formation</u>			
	 If your room is locked, please check at the Student Life desk, 303-914-6370. After hours, contact Campus Police at 303-914-6394. 						
	• Snac	Snacks are available at the Student Life desk.					
	• On occasion, study groups may need to be rescheduled to accommodate college events. We will do our best not to disrupt your schedule and will help you locate an alternative room.						
			Contact Student Lif -914-6900 or tamar				
			FOR OFFICE L				
Room As	ssignment _						
Day(s)			Time				
Notes							

Staff Initials_____Date reserved _____

	Name (First & Last)	Student E-mail
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