Red Rocks Community College

Study Group Request Form

Class Inf	formation			
-		lame /Section]	[Day(s) & Time]	[Instructor Name]
Preferred Day(s) Requested			Tin	
	· - · · - · · ·		- ·	[Maximum 2 hours per week]
Alternat	te Day(s) Requested		lim	nes
First Meeting Date: Last Meetin		.ast Meeting Da	ıte:Nu	[Maximum 2 hours per week] mber of Students
				(minimum of 3)
The Lea	rning Commons may be a	able to supply c	ı free tutor to wor	'k with your study group.
Are you	requesting a Tutor to meet v	<i>w</i> ith your study gr	oup? Yes Nc)
Please lis	st <u>ALL</u> names & Student Ema	ails on the back o	f this sheet	
	Study Grou	un Organizer	Contact Inform	ation
	Slouy Glou			
Name_			_Student ID Num	ber
Phone_		Student Err	nail	
		Important Info	<u>ormation</u>	
	• If your room is locked, After hours, contact Co	•		∍sk, 303-914-6370.
	Snacks are available a	at the Student Life	edesk.	
	• On occasion, study gro college events. We will do locate an alternative room	o our best not to c		
			e for Information dent.life1@rrcc.edu	<u>J</u>
		FOR OFFICE U		
Room As	ssignment		_	
Day(s)	Time	э		
Notes				

Staff Initials_____Date reserved _____

	Name (First & Last)	Student E-mail
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