

# SUNY Cobleskill

## TUTOR FUNDING REQUEST

(PLEASE PRINT)

NAME: \_\_\_\_\_ SSI or 800 #: \_\_\_\_\_

I HAVE AN OPEN CASE WITH ACCESS-VR:  Y  N

NAME OF ACCES-VR COUNSELOR: \_\_\_\_\_

ACCESS-VR OFFICE LOCATION: \_\_\_\_\_

ACCES-VR COUNSELOR'S PHONE #/E-MAIL: \_\_\_\_\_

<u>COURSE #</u>	<u>COURSE NAME</u>	<u>INSTRUCTOR</u>	<u>CRN</u>	<u>HRS/WK</u>
Example COMM 301	OLA	ERIC SMITH	11456	2
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Hours per week: \_\_\_\_\_ Number of weeks: \_\_\_\_\_ Rate of pay:  \$10.40  \$15.00

Total hours of service requested: \_\_\_\_\_ Semester: \_\_\_\_\_

I hereby give permission for AccessABILITY Resources at SUNY Cobleskill to forward the above request information to the above named counselor, to request possible funding for this service. I understand that funding is not guaranteed by SUNY Cobleskill, and that this is only a request.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Request Supported by DSS \_\_\_\_\_  
Staff Initials

\_\_\_\_\_  
Date

**AccessABILITY Resources**