

MCC Tutoring Center/Peer Mentoring
Schedule Change Request Form

Name: _____

Date of request: _____

Location: _____

Effective date: _____

Reason for requested schedule change:

- Reduced availability
- Increased/different availability
- Full schedule change
- Other (Please explain): _____

Day	Current Schedule	Requested Change
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

-----OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE-----

Result of request

Approved (as is) Denied (Cannot be accommodated)

Adjusted (Adjusted changes below)

Signature