NEW YORK CITY COLLEGE OF TECHNOLOGY
CITY TECH

Dental Hygiene Department
Tutoring Request Form

Date: _____

Student name and e-mail: _____

Faculty name (print): _____

Recommendations (check all that apply):

- ☐ **Fulcrum**
- ☐ **Wrist activation**
- ☐ **Adaptation**
- ☐ **Angulation**
- ☐ **Other:_____**
- ☐ **Patient/Operator Positioning**
- ☐ **Instrumentation**
- ☐ **Calculus detection**
- ☐ **Radiology**

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Please sign after student completed tutoring session:

Faculty signature_____