



Institute of Technology Tralee Students' Union Grinds form



Contact Details

Name:

Course & YR:

T Number

Mobile No.:

Please fill in the FULL NAME of the subject(s) you wish to offer grinds in.

Subject	Grade

Availability

Time of year	Yes/No
Semster 1, Term 1	
Semster 1, Term 2	
Semster 2, Term 1	
Semster 2, Term 2	
August Repeat Exams	

Contactable via:

Email

Time: _____

Text

Time: _____

Price per Hour: _____

NB

Please attach a copy of results to this form. You MUST have a 70%+ in the subject you wish to offer grinds in.

OFFICE USE ONLY

DATE: __ / __ /2014/15

Results/ Evidence

Signed: _____