

## REQUEST FOR TUTORIAL ASSISTANCE

Location (Circle one): NHC / JSQ / WC

Semester and Year \_\_\_\_\_

*NOTE: YOU MAY BE SCHEDULED IN A SMALL GROUP.*

DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

HCCC IDENTIFICATION NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

EMAIL: \_\_\_\_\_

ARE YOU MARRIED? (CIRCLE ONE) YES NO DO YOU HAVE CHILDREN? (CIRCLE ONE) YES NO

WHAT IS YOUR ETHNICITY? (CIRCLE ONE) MALE FEMALE

- AMERICAN INDIAN       ASIAN       BLACK  
 CAUCASIAN       HISPANIC       OTHER

WHAT IS YOUR MAJOR? \_\_\_\_\_

WHAT DO YOU NEED HELP WITH? \_\_\_\_\_

IDENTIFY COURSE BY NAME: 1) \_\_\_\_\_ 2) \_\_\_\_\_

INSTRUCTOR'S NAME: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Which languages other than English do you speak? \_\_\_\_\_

Which languages other than English do you read? \_\_\_\_\_

DO YOU RECEIVE FINANCIAL AID? (CIRCLE ONE) YES NO

IF YES, WHICH PROGRAM? Check one:

- E.O.F. PROGRAM       PELL GRANT

**DO NOT WRITE BELOW THIS LINE**

	MON	TUE	WED	THUR	FRI	SAT
TIME FROM TO						
TIME FROM TO						
TIME FROM TO						

TUTOR(S) \_\_\_\_\_ TUTOR(S) \_\_\_\_\_

TUTOR(S) \_\_\_\_\_ TUTOR(S) \_\_\_\_\_