

TUTORING SERVICES REQUEST

NAME: _____ PHONE: _____ STUDENT I D: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

I WAS REFERRED FOR TUTORING SERVICES BY: _____

COURSE TITLE: _____ CATALOG NO. _____ -- _____ -- _____

REQUIRED SIGNATURES:

INSTRUCTOR

SIGNATURE: _____ **DATE:** _____

HAS THIS STUDENT BEEN ATTENDING CLASSES REGULARLY? YES NO

COUNSELOR

SIGNATURE: _____ **DATE:** _____

THE FOLLOWING INFORMATION IS REQUIRED FOR STATISTICAL REPORTING

Date of Birth: _____ Highest grade completed in school _____

Ethnic Category:

American Indian or Alaskan Native Hispanic
 Asian American or Pacific Islander Black, not of Hispanic origin
 White, not of Hispanic origin

Employment Status:

Employed – Number of hours per week _____
 Unemployed, not seeking work currently
 Unemployed, seeking work currently
 Dislocated worker (laid off from full-time employment)

Please check any of the following that describe your situation currently:

single parent working with Dept. of Vocational Rehabilitation
 limited English proficiency working with Special Student services at NWTC
 working with WIA income at or below poverty level

Marital Status: never married legally separated separated married
 divorced widowed refuse to answer
