



TERM: _____
YEAR: _____

# TUTOR REQUEST

PLEASE MAKE SURE TO PRINT CLEARLY

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT ID #: \_\_\_\_\_ OCCC EMAIL: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REASON FOR TUTOR REQUEST:**

\_\_\_\_\_ ENGLISH SKILLS (ESOL)

\_\_\_\_\_ GED PREPARATION

\_\_\_\_\_ CREDIT CLASSES

**WHEN ARE YOU AVAILABLE TO MEET WITH A TUTOR?**

<input type="checkbox"/> MONDAY	TIME: _____
<input type="checkbox"/> TUESDAY	TIME: _____
<input type="checkbox"/> WEDNESDAY	TIME: _____
<input type="checkbox"/> THURSDAY	TIME: _____
<input type="checkbox"/> FRIDAY	TIME: _____
<input type="checkbox"/> SATURDAY	TIME: _____
<input type="checkbox"/> SUNDAY	TIME: _____

INSTRUCTOR(S):  
\_\_\_\_\_

COURSE NAME(S):  
\_\_\_\_\_

ADVISOR NAME:  
\_\_\_\_\_

**WHERE CAN YOU MEET?**

\_\_\_\_\_ NEWPORT

\_\_\_\_\_ LINCOLN CITY

**PREFERRED SESSIONS:**

\_\_\_\_\_ ONE TO ONE

\_\_\_\_\_ GROUP SESSIONS

\_\_\_\_\_ NO PREFERENCE

**YOUR ACADEMIC GOAL THAT TUTORING WILL HELP ACCOMPLISH:**  
\_\_\_\_\_

**IS THERE ANYTHING ELSE YOU WOULD LIKE ME TO KNOW:**  
\_\_\_\_\_

**HOW DID YOU HEAR ABOUT THE TUTORING PROGRAM AT OCCC:**  
\_\_\_\_\_

PLEASE RETURN THIS FORM TO: **OCCC TUTORING CENTER (ROOM 7) DROPBOX** or email to address below  
 400 SE COLLEGE WAY, NEWPORT, OREGON 97366

TELEPHONE: (541) 867-8502      EMAIL: [tutoring.center@oregoncoastcc.org](mailto:tutoring.center@oregoncoastcc.org)

*All attending tutored students will be registered for a non-credit, tuition-free course once per term. This allows OCCC to receive reimbursement from the state for services provided to students. This course will not appear on transcripts.*