



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

INSTRUCTOR(S):

COURSE NAME(S):

ADVISOR NAME:

WHEN ARE YOU AVAILABLE TO MEET WITH A TUTOR?

- MONDAY TIME: _____
- TUESDAY TIME: _____
- WEDNESDAY TIME: _____
- THURSDAY TIME: _____
- FRIDAY TIME: _____
- SATURDAY TIME: _____
- SUNDAY TIME: _____

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

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.