



TUTOR REQUEST

Student ID: _____ Term: _____ Year: _____

Name: _____ Date of Birth: ____/____/____
 Mailing Address: _____ City: _____ ZIP: _____
 Telephone: _____ Cell: _____
 E-mail Address: _____@_____

Reason for Request
 ESOL
 GED Preparation
 Compass Preparation
 Credit Classes

Which subjects would you like tutoring for?

What is your academic goal for this term that tutoring will help you accomplish?

Who is your instructor?

Did you earn a high school diploma? Y/ N
 Did you earn a GED certificate? Y/N
 Highest grade completed: _____
 Are you employed? Y/N
 How many hours a week? _____

When are you available to meet with a tutor?

Which campus would you like to meet at?
 Newport Lincoln City Waldport

Is there anything else you would like me to know?

What is your declared degree?

Who is your adviser?

How did you hear about the tutoring program at OCCC?

Student Signature: _____ **Date:** _____

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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.