

LEARNING CENTER

Date: _____

Request For Tutor/Academic Assistance

Name _____
ID #: @ _____
Address _____
City _____
State _____ Zip _____

Program: _____
Resident Hall address _____
Phone (home) _____
Phone (cell/mobile) _____
Email: _____@students.ccsnh.edu

Copy your class schedule below; show all the courses you are taking. Cross off work hours.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-8:50					
9-9:50					
10-10:50					
11-11:50					
12-12:50					
1-1:50					
2-2:50					
3-3:50					
4-4:50					
5-5:50					
6-6:50					
7-7:50					
8-8:50					

For what course are you requesting assistance? _____

Who is the instructor for that course? _____

Please sign your name here: _____

Turn in this completed form at the Learning Center and schedule an appointment with the Tutoring Coordinator.

1. Have you used your instructor's office hours? Yes No
2. Have you attended any study groups or open tutoring sessions? Yes No
3. Have you used Blackboard, My A&P, Course Compass, companion web sites, or other study guides for this course? Yes No
4. How many hours/week do you study for this course? 1-4 5-8 9-12 >12
5. Specifically, what is your greatest challenge in the course at this time?
6. Specifically, what kinds of tutoring activities do you want to try?
7. Would you like more information or help with any of the following topics?
Check all that apply.
 - Managing time and organizing yourself
 - Discovering your best learning style
 - Taking good class notes
 - Reading, studying and learning from textbooks
 - Preparing for and taking tests
 - Other. Please explain:
8. How did you hear about the LC Tutoring programs? (Check all that apply.)

<input type="checkbox"/> Instructor	<input type="checkbox"/> when I came for Placement Testing	<input type="checkbox"/> My advisor
<input type="checkbox"/> Classmate	<input type="checkbox"/> Orientation/Open House	<input type="checkbox"/> Other
9. What Learning Center services have you used?

<input type="checkbox"/> Math Lab	<input type="checkbox"/> Study Skills/Reading Center
<input type="checkbox"/> Disabilities Services	<input type="checkbox"/> Writing Center
<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Tutoring in other courses
10. Is there other information you believe we should know, or that you would like your tutor to know about you? If so, you may include it here or discuss it in your appointment with the Tutoring Coordinator.