

# CC/CE TUTORING SERVICE REQUEST FORM

Form must be filled out **entirely** for it to be processed!

**PLEASE ATTACH A COPY OF YOUR GRADE SCREEN FROM SSOL**

***Date***: _____			
Name: _____	CU PID#: _____		
Major: _____	UNI: _____		
Phone: _____	Lerner Address: _____		
Academic Advisor: _____	Class of 20 ____		
Are you (check all that apply)	CC ____	CE ____	HEOP ____ NOP ____
Do you receive financial aid?	Yes ____	No ____	
Student Athlete	Yes ____	No ____	Sport _____

## How did you hear about the Tutoring Service? (Please check all that apply.)

\_\_\_\_\_ Postings                      \_\_\_\_\_ Student Activities Fair                      \_\_\_\_\_ Dean/Advisor  
\_\_\_\_\_ Student                      \_\_\_\_\_ Professor/TA                      \_\_\_\_\_ Resident Assistant (RA)  
\_\_\_\_\_ Columbia web                      \_\_\_\_\_ Other, please specify \_\_\_\_\_

## What is leading you to sign up for a tutor? (Please check all that apply.)

\_\_\_\_\_ Anticipate difficulty with course (please check all below that you anticipate)  
\_\_\_\_\_ Difficulty with understanding course content  
\_\_\_\_\_ Difficulties with tests or assignments  
\_\_\_\_\_ Difficulty completing assignments on time  
\_\_\_\_\_ Difficulty with writing/papers in the course (but *not* with specific course content)  
\_\_\_\_\_ Difficulty understanding the instructor's teaching style  
\_\_\_\_\_ Inadequate high school/prior academic preparation  
\_\_\_\_\_ Doing well in the course, but wanted to obtain higher grade  
\_\_\_\_\_ Advised to seek tutoring by professor, class dean, or advisor/counselor  
\_\_\_\_\_ Don't really need tutoring, but signed up for tutoring just in case  
\_\_\_\_\_ Other, please specify \_\_\_\_\_

## In the topics you checked off, which format(s) would you be interested in utilizing? (Please check all that apply.)

\_\_\_\_\_ Seminars                      \_\_\_\_\_ Individual coaching/assistance                      \_\_\_\_\_ On-line tutorials  
\_\_\_\_\_ Video tapes                      \_\_\_\_\_ Audio tapes                      \_\_\_\_\_ Assistance via e-mail  
\_\_\_\_\_ On-line resources (i.e. tip sheets, how-to sheets)  
\_\_\_\_\_ Printed resources (i.e. tip sheets, how-to handouts)

## What other resources are you utilizing on campus to help you academically?

\_\_\_\_\_ Advising Dean                      \_\_\_\_\_ Counselor/advisor                      \_\_\_\_\_ Resident life staff  
\_\_\_\_\_ Teaching Assistants                      \_\_\_\_\_ Help rooms                      \_\_\_\_\_ Professors' office hours  
\_\_\_\_\_ Other students                      \_\_\_\_\_ ASP Seminars                      \_\_\_\_\_ Other \_\_\_\_\_

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## Must attend (2) Academic Success Seminars Sessions to continue to receive tutorial services:

(Please choose two)

\_\_\_\_\_ Time Management                      \_\_\_\_\_ Stress Management  
\_\_\_\_\_ Midterm Test Prep                      \_\_\_\_\_ Note-Taking Skills  
\_\_\_\_\_ Procrastination Workshop                      \_\_\_\_\_ Finals Test Prep

OVER 

Please list the courses for which you are requesting a tutor (LIMIT 3).

<u>CLASS NAME</u>	<u>Course Number</u>	<u>Instructor</u>
<i>(e.g. General Chemistry)</i>	<i>CHEM C1404</i>	<i>Smith</i>

1.

2.

3.

As a tutee, it is **YOUR** responsibility to:

1. Attend (2) Academic Success Seminars for the semester.
2. Attend all scheduled tutorial sessions and keep the tutor informed of all coursework.
3. Come to each tutoring session prepared.
4. Notify the tutor if you are unable to attend, as well as the CC/CE Tutoring Service if discontinuing tutoring.
5. Complete an evaluation form at the end of the semester.

By signing below, you indicate your understanding of these responsibilities. You also certify that if you received tutoring last semester, you have completed the Tutor Evaluation Form (please complete now if you have not done so).

Your request will **NOT** be processed if you have not filled out this form in its entirety and/or submitted the Tutor Evaluation Form from last semester, if applicable.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACADEMIC SUCCESS PROGRAMS**  
403 Lerner Hall  
212- 854-3514 / 212- 854-2458 (Fax)

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**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ INPUT ON: \_\_\_\_\_ PROCESSOR INITIALS: \_\_\_\_\_

NOT PROCESSED DUE TO INCOMPLETE INFO: \_\_\_\_\_ TUTOR CONTACTED ON: \_\_\_\_\_

TUTOR ASSIGNMENT: \_\_\_\_\_ STUDENT CONTACTED ON: \_\_\_\_\_

ADDITIONAL INFO: