

LCC Tutoring Services Request (REVISED 1/17/12)

103 Arts & Sciences Phone: 517-483-1206 FAX: 517-483-1222
 Mailing Address: MC 1514, PO Box 40010, Lansing, MI 48901-7210



It is **required** that we have your name as it appears in your student records, Banner ID number, contact information, course code, CRN, signature, and any programs in which you participate, in order to serve you.

-Please **PRINT LEGIBLY IN INK** so that we may use your information to serve you better-

DATE 8 / 26 / 11 BANNER ID # X00555555 SEMESTER: Fall Spring

LAST NAME Muhammad FIRST NAME Nisa SIGNATURE Nisa Muhammad

Address 123 Short St. Apt. # 2 City Lansing Zip 48901

Phone # (517) 487-5555 Cell Phone # (517) 402-5555 E-mail: muhanis12@gmail.com

Preferred mode of contact: Phone E-mail Text US Mail Is it OK to leave a phone message? Yes No

	COURSE CODE <small>(For Example, MATH 050)</small>	CRN # <small>(left column - schedule book)</small>	Instructor	May we contact your instructor about how best to help you in the class? <input type="checkbox"/> Yes <input type="checkbox"/> No
Most Needed	ESOL 070	11738	Champion	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2 nd Choice	ESOL 075	11741	Schlieff	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How often do you think you will want a tutoring session?

- Once per week Before tests Occasionally, as needed

2. How do you prefer to study?

- Alone Only with people you know In a group

(If there is a Supplemental Instruction group for your subject that fits your schedule, you will be encouraged to attend it.)

3. DO YOU PARTICIPATE IN ANY OF THE FOLLOWING PROGRAMS?

- Disability Support Services TRIO TIP
 LUCERO Women's Resource Center
 LEP Program High School Completion Initiative
 Other: _____ Not Applicable

4. Would you like to be tutored online if online tutoring is available for this course? Yes No

If yes, rate your experience using the computer:

- No Experience Fair Good Excellent

5. What would you like to accomplish in tutoring?

You may indicate preferences below, if you wish (specific time, tutor, etc.) **It is not always possible to honor such requests.**

In the boxes, please indicate:

B = best times for tutoring

X = other times that would work for me

(The more times you mark, the more likely it is that we can schedule you)

	MON	TUE	WED	THU	FRI
9-10	B		B		
10-11	X		X		
11-12n	X		X		*
12-1pm		X		X	*
1-2		X		X	*
2-3		B		B	*
3-4					*
4-5					
5-6					
6-7					

(Please do not select times that you are in class.)

***Daily Sign-up appointments for computers & Math**

Appointments may not start immediately after request

FOR OFFICE USE ONLY

Week Start _____

CHK: T GO SI WO NC WS NE NT NF NLNT Day _____ Time _____ **TUTOR/SI** _____

DATE: Called _____ E-mailed _____ Texted _____ In _____ Board _____ Reminder _____ Mailed _____ Database _____

Sent/Gave Fliers: SI _____ Daily Sign-Up _____ Gen'l Walk-in _____ Study Group _____ Other Campus Resources _____