



PASADENA CITY COLLEGE  
EXTENDED OPPORTUNITY PROGRAMS & SERVICES  
BUILDING L-107  
(626) 585-7439

**EOPS TUTOR RECOMMENDATION FORM**

To: EOPS TUTORIAL COORDINATOR

From: \_\_\_\_\_  
Instructor Name (Please print) Department

I recommend that \_\_\_\_\_ is qualified to tutor in the course(s) of:  
Tutor Applicant

| SUBJECT | FINAL GRADE |
|---------|-------------|
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Comments:

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\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date