

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

EOPS STUDENT WEB REQUEST FOR TUTORING*

1. Name _____ Date ____/____/____
Last First M.

2. Social Security Number _____/_____/_____

3. Address _____/_____/_____
Street City Zip Code

4. Home Phone _____ Other Phone _____
Area code + number Area code + Number

5. Number Of Units Enrolled In This Semester: _____

| 6. Subject and Course Title In Which Tutoring Is Needed: | Name of Instructor |
|--|--------------------|
| | |
| | |
| | |

7. MARK EVERY PERIOD THAT YOU ARE FREE TO RECEIVE TUTORING:

| DAY | 8 a.m. | 9 a.m. | 10 a.m. | 11 a.m. | 12 p.m. | 1 p.m. | 2 p.m. | 3 p.m. | 4 p.m. | 5 p.m. | 6 p.m. |
|------|--------|--------|---------|---------|---------|--------|--------|--------|--------|--------|--------|
| MON | | | | | | | | | | | |
| TUE | | | | | | | | | | | |
| WED | | | | | | | | | | | |
| THUR | | | | | | | | | | | |
| FRI | | | | | | | | | | | |

8. HOW MANY HOURS OF TUTORING PER WEEK DO YOU PREFER? _____

* You must currently be participating in EOP&S to be eligible for EOP&S Tutorial services.