

Content Tutoring Center (CTC)
Spring 2008 Semester

Office Use ONLY: Degree & Code: _____
GPA: _____ # Credits: _____

Name _____ OCC ID# _____
(Please Print Clearly)

Address _____
Street City State Zip Code

Home Phone (_____) _____ Cell Phone (_____) _____ Male/Female _____

DID YOU RECEIVE TUTORING AT THIS CENTER LAST SEMESTER (Fall 2007)? Yes / No
If yes, did tutoring help meet your academic needs? Yes / No

Are you a member of an OCC Athletic Team? Yes / No - Identify Sport _____

INDICATE THE COURSE(S) YOU ARE REQUESTING TUTORING FOR THIS Spring 2008 SEMESTER:

Course #1 _____ Instructor's Name _____ Current Class Grade _____

Have you previously taken this course? Yes / No

Course #2 _____ Instructor's Name _____ Current Class Grade _____

Have you previously taken this course? Yes / No

What is your COUNTRY of Birth? _____ What is your NATIVE language? _____
(EXAMPLES: English, Spanish, Russian, Vietnamese, etc.)

Are you associated with the Disability Services Office (DSO)? Yes / No

Are you a : New Student _____ Continuing Student at OCC _____
(First Time Attendance at a College) (Was enrolled at OCC for the FALL 2006 Semester)

Transfer Student _____ Readmitted Student _____
(Have attended Other Colleges; (Returned THIS semester to OCC after a break in
1st semester attendance at OCC) attendance – did not attend OCC in FALL 2006)

Please READ the following statements and INITIAL. I understand that the CTC Tutor that is assigned to me will not do homework or answer test questions. I further understand that the Center:

may share my progress with my instructor, advisor and other student service offices (EOP, DSO) unless I notify the Center in writing not to do so.
may mail correspondence to my home address, unless I notify the Center in writing not to do so.
may contact my home phone number if I miss any appointments, unless I notify the Center in writing not to do so.
may schedule my sessions for either Individual, Group or refer to department/instructor.
may discontinue my tutoring if I do not attend all sessions on a regular basis (see Student Contract for details)
will make every effort to find a qualified tutor to assist me; however, there is no guarantee that the Center will be able to provide the service. **Initial to verify you have read the above statements:** _____

The confidential and voluntary reply will be used for the end-of- semester research in determining the needs of CTC students & Center's effectiveness.

1. _____ African American
2. _____ Asian
3. _____ White
4. _____ Latino/Hispanic
5. _____ Native American
6. _____ Euro Ethnic (Specify Country) _____
7. _____ Pacific Islander (Specify Country) _____
8. _____ Other (Specify) _____

Student Signature: _____ Date _____

Name: _____

Home #: _____

Email Address: _____

Cell Phone # _____

<i>Time/ Availability</i>	<i>Monday 8:00 am – 4:30 pm</i>	<i>Tuesday 8:00 am – 8:00 pm</i>	<i>Wednesday 8:00 am – 8:00 pm</i>	<i>Thursday 8:00 am – 8:00 pm</i>	<i>Friday 8:00 am – 3:30 pm</i>
8:00 - 8:30 a.m.					
8:30 – 9:00 a.m.					
9:00 – 9:30 a.m.					
9:30 – 10:00 a.m.					
10:00 – 10:30 a.m.					
10:30 – 11:00 a.m.					
11:00 – 11:30 a.m.					
11:30 – 12:00 p.m.					
12:00 – 12:30 p.m.					
12:30 – 1:00 p.m.					
1:00 – 1:30 p.m.					
1:30 – 2:00 p.m.					
2:00 – 2:30 p.m.					
2:30 – 3:00 p.m.					
3:00 – 3:30 p.m.					
3:30 – 4:00 p.m.					<i>Office Closes 3:30 p.m.</i>
4:00 – 5:00 p.m.					
5:00 – 6:00 p.m.	<i>Office Closes 4:30 p.m.</i>				
6:00 – 7:00 p.m.					
7:00 – 8:00 p.m.					
Office Closes @ 8:00 p.m.		<i>Office Closes 8:00 p.m.</i>	<i>Office Closes 8:00 p.m.</i>	<i>Office Closes 8:00 p.m.</i>	

“X” Out Hours NOT Available For Tutoring
 (Don't forget to “X” out evenings, if NOT available for tutoring)