Welcome to the Tutorial Center!


Please read the back of this application for more information.

PLEASE PRINT CLEARLY!

Name: ___________________________ Student ID# required: ___________________________

Last Name: ___________________________ First Name: ___________________________

(see main menu option on De Anza registration system)

Phone: (____) - ________ Cell Phone: (____) - ________

E-mail: ___________________________ Best times to call: ___________________________

In what course do you want a tutor?
(Note: a separate application is required for each subject in which you want tutoring.)

Yes _____ No_____

Course Name: ___________________________ Instructor’s name: ___________________________

Please circle any of these De Anza programs you are a part of:

DSS EDC EOPS RENEW SSRSC Other

Type of tutoring you want:

Drop-in Group individual On-line

Please indicate ALL the times you have open for tutoring.

morning

8:30 AM - 12:30 PM

afternoon/evening

12:30 PM - 5:30 PM

(5:30-7:00 M-T in L47 only, W-TH in S43 only)

MON from ______ to _______

TUE from ______ to _______

WED from ______ to _______

THU from ______ to _______

FRI from ______ to _______

Tutor is closed Friday after 12:30.

What do you hope to gain from being tutored in this class?

In what ways do you expect or hope that your tutor will help you?