



Name: _____

CSID: _____

Phone: _____

Continuing Student 2009-2010 Service Requests

1). What services will you need this academic year?

FOR OFFICE USE

- | | | |
|---|---|-------|
| <input type="checkbox"/> Tutoring | ✓ | _____ |
| <input type="checkbox"/> Academic Advising | ✓ | _____ |
| <input type="checkbox"/> Financial Aid Assistance | ✓ | _____ |
| <input type="checkbox"/> Financial Planning | ✓ | _____ |
| <input type="checkbox"/> Transfer Assistance | ✓ | _____ |
| <input type="checkbox"/> Campus visits to 4-yr universities | ✓ | _____ |
| <input type="checkbox"/> Career Guidance/Counseling | ✓ | _____ |
| <input type="checkbox"/> Personal Counseling | ✓ | _____ |
| <input type="checkbox"/> Scholarship Assistance | ✓ | _____ |
| <input type="checkbox"/> Study Skills Training | ✓ | _____ |
| <input type="checkbox"/> Informational Workshops | ✓ | _____ |
| <input type="checkbox"/> Computer Access & Printing | ✓ | _____ |
| <input type="checkbox"/> School Supplies | ✓ | _____ |
| <input type="checkbox"/> Equipment Loan (calculator, word processor,
digital recorder, & resource books) | ✓ | _____ |

2). If you're requesting Tutoring, what subject(s) do you need help with? _____

3). What 4-year university are you interested in visiting? _____

4). What Workshops are you interested in attending? _____

5). Other Needs _____

6). What is your major? _____

7). Are you graduating and/or transferring this academic year? Yes No

If yes, where will you be transferring? _____