

**IMPERIAL VALLEY COLLEGE**  
**Spencer Library Media Center**  
**Learning Center**

**Tutorial Services Enrollment Form**

Date \_\_\_\_\_

Student Name \_\_\_\_\_  
 (Last) (First)

**Program** (Check one ONLY)

- LRNA 800
- EAP
- EOPS
- DSP&S
- Student Support Services

G-Number \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Counselor's/Instructors Signature \_\_\_\_\_

Counselor's/Instructors Name \_\_\_\_\_

Would a bilingual tutor be helpful? Yes \_\_\_\_ No \_\_\_\_

Tutoring Requested In: \_\_\_\_\_ Course \_\_\_\_\_ Instructor \_\_\_\_\_ Hrs. requested per week \_\_\_\_\_

On the schedule below, please indicate all openings you have available for tutoring. Cross (X) off the time slots you are **NOT** available. **Please make sure you have this part completed before you see the Tutorial Coordinator.**

	9:00- 9:50	10:00- 10:50	11:00- 11:50	12:00- 12:50	1:00- 1:50	2:00- 2:50	3:00- 3:50	4:00- 4:50	5:00- 5:50	6:00- 6:50
<b>Mon.</b>										
<b>Tue.</b>										
<b>Wed.</b>										
<b>Thurs.</b>										
<b>Fri.</b>										
<b>Sat.</b>										

**FOR OFFICE USE ONLY**

Tutor \_\_\_\_\_  
 Student's  
 Signature \_\_\_\_\_

Date of Referral \_\_\_\_\_

Date Tutoring Discontinued \_\_\_\_\_

**Schedule of Tutoring Sessions**

<b>Mon</b>			
<b>Tue</b>			
<b>Wed</b>			
<b>Thurs</b>			
<b>Fri</b>			
<b>Sat</b>			

Reason \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COUNSELORS & INSTRUCTORS** the Learning and Tutoring Center will forward an e-mail as soon as the student is assigned and the application is completed. Thank you.