

Date _____

San Francisco State University
 Division of Undergraduate Studies Tutoring
Campus Academic Resource Program (CARP) • Learning Assistance Center (LAC)
 Registration Form

Last Name _____ First Name _____ SF State ID # _____

COURSE INFORMATION

Course Prefix and Number	Instructor	Need Tutoring	GWAR
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

CONTACT INFORMATION

Home Phone Number _____

Cell Phone Number _____

E-Mail Address _____

City _____ Zip Code _____

By checking this box, you agree to allow Division of Undergraduate Studies Tutoring to include your e-mail in our listserv for occasional messages about services and job opportunities. Your e-mail will not be disclosed to third parties or used for any other purpose.

BACKGROUND INFORMATION

Ethnicity

- | | |
|------------------------------------|-------------------------------|
| American Indian/Alaskan Native - 1 | Pacific Islander |
| African-American/Black - 2 | Filipina/o - F |
| Asian/Asian-American | Guamanian - G |
| Asian Indian - R | Hawaiian - H |
| Cambodian - M | Samoan - N |
| Chinese - C | Other Pacific Islander - 6 |
| Japanese - J | Latina/o or Hispanic |
| Korean - K | Central American - A |
| Laotian - L | Cuban - Q |
| Thai - T | Mexican-American, Mexican, |
| Vietnamese - V | Chicano - 3 |
| Other Asian - 5 | Puerto Rican - P |
| Other Southeast Asian - S | South American - B |
| Bi-racial / Multiracial | Other Latino, Spanish origin, |
| Caucasian, White (Non-Latino) - 7 | Hispanic - O |
| Other (Please specify) _____ - 8 | |
| Decline to State - 9 | |

If you were born in another country, how many years have you been in the United States? _____

Native Language / Home Language _____

Are you 17 or younger? Y N

Gender (Please specify) _____

EDUCATION INFORMATION

Major _____

Current class level: Freshman
 Sophomore
 Junior
 Senior
 Graduate

Class level when you entered

SF State: Freshman
 Sophomore
 Junior
 Senior
 Graduate

Are you a first generation college student?
 Y N

Are you a transfer student? Y N

If so, when did you transfer? _____

Which college or university did you transfer from? _____

OTHER INFORMATION

How did you learn about our services?

- | | | |
|------------------------------|---------|------------------|
| In-Class Presentation | Website | Teacher Referral |
| Workshop | Flyer | Friend Referral |
| Other (Please specify) _____ | | |

Programs that you have participated in:

- | | | |
|----------|-----|---------------|
| CARP | LAC | ETC |
| DPRC | EOP | Summer Bridge |
| ILP Math | SSS | |

FILL OUT THE SCHEDULE BELOW: Write in your classes and the times you're at work
 Write "FREE" in all the boxes when you're available for tutoring

τ MAKE SURE YOU FILL IN EVERY BOX τ

LAC HOURS	MONDAY 9-4	TUESDAY 9-4	WEDNESDAY 9-4	THURSDAY 9-4	FRIDAY 9-12
8-9					
9-10					
10-11					
11-12					
12-1					
1-2					
2-3					
3-4					
4-5					
5-6					