

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 # 9 \_\_\_\_\_

<b>COURSE INFORMATION: ALL COURSES &amp; INSTRUCTORS</b>			
Course Prefix and Number	Instructor	Need Tutoring	GWAR
Example: <u>English 114 (03)</u>	<u>Chomsky</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**CONTACT INFORMATION**

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

SFSU E-Mail Address \_\_\_\_\_@mail.sfsu.edu

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.

**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? \_\_\_\_\_

**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, Chicano - 3

Vietnamese - V                                       Puerto Rican - P

Other Asian - 5                                       South American - B

Other Southeast Asian - S                       Other Latino, Spanish origin, Hispanic - O

Bi-racial / Multiracial

Caucasian, White (Non-Latino) - 7

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) \_\_\_\_\_

**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

NAME: \_\_\_\_\_

FILL OUT THE SCHEDULE BELOW:

- WRITE IN YOUR CLASS SCHEDULE.
- WRITE IN OTHER COMMITMENTS (WORK, FAMILY OBLIGATIONS, COMMUTING, ETC.).
- CIRCLE ALL YOUR AVAILABLE TIMES FOR TUTORING.
- STAR THE TIMES WHEN YOU'D PREFER TO BE SCHEDULED FOR TUTORING.

▼ MAKE SURE YOU FILL IN EVERY BOX ▼

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					
6-7					