

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

Date _____

Last Name _____ First Name _____ SF STATE ID _____

COURSE INFORMATION: LIST COURSES YOU WANT HELP IN & INSTRUCTORS' NAMES			
Course (ENG 114, e.g.)	Instructor (Miller, e.g.)	Need Tutoring	GWAR
1) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

CONTACT INFORMATION

Home Phone Number _____

Cell Phone Number _____

City _____ Zip Code _____

SFSU E-Mail Address _____@mail.sfsu.edu

By checking yes, you agree to allow the Campus Academic Resource Program (CARP) to include your email in our monthly newsletter. By doing so, you will receive important messages regarding upcoming events, our services, and job opportunities. Your email will never be used for any other purpose and will never be disclosed to third parties. If you marked yes, you will have the option to remove yourself from the email list at any point.

YES
 NO

BACKGROUND INFORMATION

<input type="checkbox"/> American Indian/Alaskan Native -1 <input type="checkbox"/> African-American/Black - 2 <input type="checkbox"/> Asian/Asian-American <input type="radio"/> Asian Indian - R <input type="radio"/> Cambodian - M <input type="radio"/> Chinese - C <input type="radio"/> Japanese - J <input type="radio"/> Korean - K <input type="radio"/> Laotian - L <input type="radio"/> Thai - T <input type="radio"/> Vietnamese - V <input type="radio"/> Other Asian - 5 <input type="radio"/> Other Southeast Asian -S <input type="checkbox"/> Bi-racial / Multiracial - X <input type="checkbox"/> Caucasian, White (Non-Latino) - 7 <input type="checkbox"/> Other - 8	<input type="checkbox"/> Pacific Islander <input type="radio"/> Filipina/o - F <input type="radio"/> Guamanian - G <input type="radio"/> Hawaiian - H <input type="radio"/> Samoan - N <input type="radio"/> Other Pacific Islander - 6 <input type="checkbox"/> Latina/o/x or Hispanic <input type="radio"/> Central American - A <input type="radio"/> Cuban - Q <input type="radio"/> Mexican-American, Mexican, Chicano - 3 <input type="radio"/> Puerto Rican - P <input type="radio"/> South American - B <input type="radio"/> Other Latino, Spanish origin, Hispanic - O <input type="checkbox"/> Decline to State - 9
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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? YES NO

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?
 YES NO

Are you a transfer student?
 YES NO

Are you an International Student?
 YES NO

Which college or university did you transfer from?

OTHER INFORMATION

How did you learn about our services?

<input type="checkbox"/> In-Class Presentation	<input type="checkbox"/> Workshop
<input type="checkbox"/> Website	<input type="checkbox"/> Flyer
<input type="checkbox"/> Campus TV/Monitor	<input type="checkbox"/> Friend Referral
<input type="checkbox"/> Teacher Referral (Please specify)	
<input type="checkbox"/> Other (Please specify) _____	

Programs that you have participated in:

<input type="checkbox"/> CARP	<input type="checkbox"/> LAC	<input type="checkbox"/> ETC
<input type="checkbox"/> DPRC	<input type="checkbox"/> EOP	<input type="checkbox"/> Summer Bridge
<input type="checkbox"/> ICCE	<input type="checkbox"/> TRIO (SSS)	<input type="checkbox"/> Metro
<input type="checkbox"/> ASPIRE		

