

REQUEST FOR SERVICES

Counselor: _____

Appt. Date/Time _____

[Please print in black ink]

Date ____ / ____ / ____

NDIL # _____

Student Name _____

(Last)

(First)

(MI)

Major: _____ Birthdate: ____ / ____ / ____

Have you ever used our tutoring services before? Y N

Phone _____ Best time to be reached _____

Address: _____

Street

City

Zip

e-mail address: _____

Course Name

Dept/Course#

Section #

Do you prefer to be contacted by e-mail () or telephone ()

----- (FOR OFFICE USE ONLY) -----

Group Tutoring

Workshop

E Code: _____

Indiv. Tutoring

APC only

Assessment Code: _____

Preliminary Screening:

Dealing with text

Understanding Concepts

Following Lectures

Vocabulary

Taking Notes

Organization of Content

Study Habits

Recommended hours/week _____

Staff Recommendations: _____

_____ / ____ / ____ Group with: _____

Tutor Assigned

Assign. Date

Tutor Coordinator

Tutor Notified: ____ / ____ / ____

Student Notified: ____ / ____ / ____

NDIL Eligibility Screen/Release

Name: _____ I.D. (Soc. Sec.) # _____

- | | | |
|---|---|---|
| 1. Are you receiving or have you applied for financial aid? | Y | N |
| 2. Are you affiliated with Support Service Programs (SSP)?
[Formerly Special Support Services (SSS)] | Y | N |
| 3. Do you have any permanent physical or learning disability? | Y | N |
| If Yes, <input type="checkbox"/> Student Disability Services <input type="checkbox"/> Vocational Rehabilitation | | |
| <input type="checkbox"/> Other (name & address) _____ | | |
| 4. Have either of your parents (or guardians) received a 4-year college degree? | Y | N |
| 5. Are you a citizen, national or permanent resident of the U. S.?
Alien ID #? _____ | Y | N |

This is a preliminary screening. Your responses on this form require confirmation and do not guarantee that we can provide the services that you request. No personally identifiable information is routinely provided to anyone outside the University, except with your permission. Responses to all items are required. Failing to provide the required information may prevent us from providing the services requested.

I grant permission for my Voc Rehab, SDS counselor or other qualified professional to provide a statement confirming my physical or learning disability for determining eligibility in the New Dimensions In Learning Program (NDIL). My signature on this form is my assurance that, to the best of my knowledge, all information provided is true and accurate.

(Student Signature)

(Date)