

For Office Staff Use Only			
New		In Computer	
Entered into Computer			



University Tutorial Center
California State University, Los Angeles



STUDENT INFORMATION SURVEY/REGISTRATION FORM

Your information will be kept secure and *confidential*.

Please print neatly.

1. Purpose: Tutoring Presentation

2. CIN:

3. Date:

4. Last Name:

5. First Name:

6. Middle initial

7. Contact telephone:

8. E-mail address: _____

The following information is used for STATISTICAL PURPOSES ONLY.

9. Participant in one of following programs, if applicable (check all that apply):

EOP: EOP counselor: _____ Contract: _____
 PALS OSD EEP LACHSA Other: _____

10. Gender: Female Male

11. Primary language spoken: _____ 12. Other language(s) spoken at home: _____

13. Ethnic background (check one):

- American Indian or Alaskan Native
- Asian or Pacific Islander (including Filipino and Asian Indian)
- African, African American/Black
- Latino/Hispanic (Mexican, Mexican American/Chicano, Central or South American, Cuban)
- European, European American/White or Middle Eastern
- Mixed heritage

14. Class Level: High school Freshman Sophomore Junior Senior Graduate
 Continuing education Staff

15. Major: _____