

THE WRITING CENTER

Perkins III Tutor Request

Semester: _____

Date _____

Dear Student:

We need your help! You are receiving tutorial support/assistance due to **grant funding**. In order to continue future funding we must ask you cooperation in gathering data for statistical purposes *only*. All information will remain **CONFIDENTIAL** and will be used by this program only. Individual names/identification numbers are not shared with any agency outside the College. Please provide us with the following information:

[PLEASE PRINT]

NAME _____

LAST	FIRST	Middle Initial
PROGRAM	I.D. NUMBER	Male/Female

PLEASE CHECK ALL THAT APPLY

- _____ TRS courses – presently taking or have taken TRS courses.
- _____ ESOL courses – presently taking or have taken ESOL courses.
- _____ EOP Program – participating in or have participated in EOP Program
- _____ TAP / PELL – currently receiving TAP or PELL.
- _____ I have a ***documented*** physical or learning disability.
- My FATHER IS _____ is NOT _____ a graduate of a four-year college.
- My MOTHER IS _____ is NOT _____ a graduate of a four-year college.

What courses do you need help in? (Please include instructor's name.) _____

Who referred you to The Writing Center? _____

*** You must currently be ENROLLED in courses at MCC in order to receive assistance.**