

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 \_\_\_\_\_

**COURSE INFORMATION**

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 \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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**

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native - 1 | <input checked="" type="checkbox"/> Pacific Islander                |
| <input type="checkbox"/> African-American/Black - 2         | <input type="checkbox"/> Filipina/o - F                             |
| <input checked="" type="checkbox"/> Asian/Asian-American    | <input type="checkbox"/> Guamanian - G                              |
| <input type="checkbox"/> Asian Indian - R                   | <input type="checkbox"/> Hawaiian - H                               |
| <input type="checkbox"/> Cambodian - M                      | <input type="checkbox"/> Samoan - N                                 |
| <input type="checkbox"/> Chinese - C                        | <input type="checkbox"/> Other Pacific Islander - 6                 |
| <input type="checkbox"/> Japanese - J                       | <input checked="" type="checkbox"/> Latina/o or Hispanic            |
| <input type="checkbox"/> Korean - K                         | <input type="checkbox"/> Central American - A                       |
| <input type="checkbox"/> Laotian - L                        | <input type="checkbox"/> Cuban - Q                                  |
| <input type="checkbox"/> Thai - T                           | <input type="checkbox"/> Mexican-American, Mexican, Chicano - 3     |
| <input type="checkbox"/> Vietnamese - V                     | <input type="checkbox"/> Puerto Rican - P                           |
| <input type="checkbox"/> Other Asian - 5                    | <input type="checkbox"/> South American - B                         |
| <input type="checkbox"/> Other Southeast Asian - S          | <input type="checkbox"/> Other Latino, Spanish origin, Hispanic - O |
| <input type="checkbox"/> Bi-racial / Multiracial            | <input type="checkbox"/> Other Latino, Spanish origin, Hispanic - O |
| <input type="checkbox"/> Caucasian, White (Non-Latino) - 7  |   |
| <input type="checkbox"/> Other (Please specify) _____ - 8   |   |
| <input type="checkbox"/> 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