BOROUGH OF MANHATTAN COMMUNITY COLLEGE
College Discovery Program

REQUEST FOR ACADEMIC SUPPORT

Last Name: _____   First Name: _____

EMPLID: _____   Date: _____ Fall_____ Spring_____
                                                                                            Year   Year

Cell Phone #: _____   Email Address: _____

Short/long term appointment: _____ **[To be completed by academic support services.]**

CATW Workshop _____   ACR 095 Workshop _____   Math Maple T.A. Workshop [MAT 012/051] _____
   [Students who register for these workshops are required to attend the sessions until the end of the semester.]

Please indicate the course(s) and level(s) for which you are requesting Academic Support (e.g. MAT 12).

(1) _____   (2) _____   (3) _____   (4) _____

Please place an (X) in the appropriate boxes to indicate your availability for Academic Support.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	For Office Use Only! My Tutoring Assignment (s)
9am-10am							(1). Learning Assistant:
10am-11am							Subject/Workshop:
11am-12pm							Day/Time/Room:
12pm-1pm							(2). Learning Assistant:
1pm-2pm							Subject/Workshop:
2pm-3pm							Day/Time/Room:
3pm-4pm							(3). Learning Assistant:
4pm-5pm							Subject/Workshop:
5pm-6pm							Day/Time/Room:
6pm-7pm							(4). Learning Assistant:
7pm-8pm							Subject/Workshop:
							Day/Time/Room: