## MORENO VALLEY COLLEGE **EOPS/CARE TUTORIAL SERVICES REQUEST** □ Spring Today's Date: ☐ Fall Semester: STUDENT INFORMATION Last Name: First Name: Student ID # Class Code: Subject: Day(s) Time: I understand that it is my responsibility to attend all scheduled tutorial appointments. Student Signature Date Staff Signature Date EOPS Office Use Only Database Updated Date Staff Initials Please Note: The EOPS Tutorial Request is to be completed one time, per person, per subject, per semester. Initial appointment date: Staff Initials: Student ID #: Tutor assigned: Describe tutorial assistance provided: Tutor recommendation: **Tutor Signature** Date Tutorial Service Specialist Signature Date THIS FORM MUST BE SIGNED AND PRESENTED TO EOPS IN PERSON FOR APPROVAL BY EOPS **BEFORE RECEIVING TUTORIAL SERVICES**

5/15/11