

_____ Last name Initial

REQUEST FOR HELP

Please fill out and return to HC 324



Name _____

Date: _____

Bethel E-mail _____

Student ID # _____

PO _____ Cell # _____ Advisor _____ Major _____

Multilingual student? yes no If yes, have you received ELL services in high school or college? _____

Are you working now? _____ Hours per week? _____ Type of work? _____

Extra Curricular Commitments (sports, music, etc.) _____ Hrs/Wk _____

Average hours of sleep you are getting **per night** _____ Circle one: PSEO Fr. So. Jr. Sr.

Cumulative GPA: _____ Did anyone refer you to us? If yes, who _____

Are you on academic probation? Yes ___ No ___ Do you have any incompletes? Yes ___ No ___

Were you admitted on provisional status? Yes _____ No _____ Don't know _____

Explain where and why you feel you are struggling academically. What type of help are you hoping to receive from the Academic Enrichment and Support Center?

What are the strategies you are **currently** using? Check all that apply

- Professor Office Hours
- Class Review Sessions
- AESC Help Sessions:
- TA Office Hours

Average lab/helps sessions weekly attendance: _____ times
(Math Lab, CS lab, Science Help Sessions, Writing Center, CWC TAs, Business Help Sessions, Physics Help Sessions)

List **ALL** the courses you **are taking** (include the names of the instructors)

Course (name & number)	Instructor	Hours/Week spent studying
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If requesting a tutor, please complete the other side →

