

Student Service Request Form

Please complete the following information, ensuring that it is complete and legible

Student Information

Student Name: _____ Term: _____
 Social Security #: _____ Date of Birth: _____
 Address: _____
 Phone #'s & Email: _____

Tutoring Availability: (Circle all that apply) | **Mon** AM/PM | **Tues** AM/PM | **Weds** AM/PM | **Thurs** AM/PM | **Fri** AM/PM |
 Subject/Content: _____

Type of Service Requested:

- | | | |
|--|--|---|
| <input type="checkbox"/> Tutoring (Non-Grad /Challenger) | <input type="checkbox"/> Review & Refresh Course Assistance & Admission | <input type="checkbox"/> Placement assistance
<input type="checkbox"/> Non-Grad
<input type="checkbox"/> Active student |
| <input type="checkbox"/> Method 3 Challenge Application Assistance | <input type="checkbox"/> Post Licensure Diploma program assistance and admission | <input type="checkbox"/> Other: |

The student's financial accounts must be current prior to the college furnishing any Service Assistance. Please note that Angeles Institute offers assistance with the listed services in an effort to offer the best student outcomes and quality customer service but is not mandated to provide any such services. Therefore, some types of assistance will only be completed at the discretion of the Administrator(s) &/or Instructor(s) you are requesting the services from (e.g., placement assistance will be subject to availability).

*Please indicate your availability and desired content to review for tutoring session requests.

*Please complete the Placement and Resume questionnaire (or submit your resume via email to studentaffairs@angelesinstitute.edu) in time for your appointment for all Placement assistance requests.

*Please complete all employer verifications for additional clinical hours prior to your appointment for all Method 3 Challenge application assistance requests. Only applicable to those with less than 1034 clinical hours.

Student Signature

Date

Badge #:
Class Start:

Office Use Only

- FA Cleared _____
- Completed _____
- Money Received: YES _____ NO _____ Amount \$ _____
- Unable to Complete, See Comments

Comments:

Angeles Institute Employee Signature

Date