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.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>9am-10am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10am-11am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11am-12pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12pm-1pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1pm-2pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2pm-3pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3pm-4pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4pm-5pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5pm-6pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6pm-7pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7pm-8pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Office Use Only!

My Tutoring Assignment(s)
(1). Learning Assistant:

Subject/Workshop:
Day/Time/Room:

(2). Learning Assistant:

Subject/Workshop:
Day/Time/Room:

(3). Learning Assistant:

Subject/Workshop:
Day/Time/Room:

(4). Learning Assistant:

Subject/Workshop:
Day/Time/Room:
Borough of Manhattan Community College/CUNY
College Discovery Program

Academic Support Agreement

EMPLD: ___________________ Last Name: ___________________ First Name: ___________________

Address: ___________________ City, State: ___________________ Zip: ___________________

Email: ___________________ Contact Number: ___________________

Counselor: ___________________

You have either been referred for, or have requested academic support within the College Discovery Program. We are committed to your academic success and expect your commitment in return.

Where does academic support take place?
College Discovery Academic Support takes place in the Learning Resource Center located in room 5-510. Walk in, stay on your left, and look for the "College Discovery Tutoring" sign.

What should I do if I am absent?
In case of absence, please call us at (212) 220-8173.

In accepting this tutoring assignment, I agree to the following:

➢ I will come to my tutoring sessions prepared to work on the required material; class work, homework, and any work assigned by the tutor.

➢ A tutoring session is one (1) hour. If I'm more than 10 minutes late, my tutor can begin working with another student. I may join the tutoring session upon my arrival, but my session will still end at the assigned time. If you cannot make the session, please call us.

➢ If I am absent twice without advance notice, or have more than two unexcused absences my counselor will be notified.

FYI: Students taking remedial courses and those on probation are required to register for academic support.

I have read and understood the regulations governing the Academic Support component within the College Discovery Program. My signature below confirms my understanding and agreement to adhere to these regulations.

_________________________  ________________  ________________
Student's Signature            Date            Academic Support Coordinator