

Date _____

San Francisco State University
Division of Undergraduate Education and Academic Planning Tutoring
Campus Academic Resource Program (CARP) • Learning Assistance Center (LAC)
Registration Form

Last Name _____ First Name _____ SF State ID # 9 _____

CONTACT INFORMATION

Home Phone Number _____

Cell Phone Number _____

City _____ Zip Code _____

SFSU E-Mail Address _____@mail.sfsu.edu

By checking yes, you agree to allow the Division of Undergraduate Education and Academic Planning Tutoring Services to include your email in our monthly newsletter.

- YES By doing so, you will receive important messages regarding: upcoming events, our services, and job opportunities.
- NO Your email will never be used for any other purpose and will never be disclosed to third parties.

If you marked yes, you will have the option to remove yourself from the email list at any point.

EDUCATION INFORMATION

Major _____

- Current class level:
- Freshman
 - Sophomore
 - Junior
 - Senior
 - Graduate

- Class level when you entered SF State:
- Freshman
 - Sophomore
 - Junior
 - Senior
 - Graduate

Are you a first generation college student?

- YES
- NO

Are you a transfer student?

- YES
- NO

If so, when did you transfer? _____

Which college or university did you transfer from?

BACKGROUND INFORMATION

Ethnicity

- American Indian/Alaskan Native -1
- African-American/Black - 2
- Asian/Asian-American
 - Asian Indian - R
 - Cambodian - M
 - Chinese - C
 - Japanese - J
 - Korean - K
 - Laotian - L
 - Thai - T
 - Vietnamese - V
 - Other Asian - 5
 - Other Southeast Asian -S
- Bi-racial / Multiracial -X
- Caucasian, White (Non-Latino) - 7
- Other - 8
- Decline to State - 9
- Pacific Islander
 - Filipina/o - F
 - Guamanian - G
 - Hawaiian - H
 - Samoan - N
 - Other Pacific Islander - 6
- Latina/o or Hispanic
 - Central American - A
 - Cuban - Q
 - Mexican-American, Mexican, Chicano - 3
 - Puerto Rican - P
 - South American - B
 - Other Latino, Spanish origin, Hispanic - O

If you were born in another country, how many years have you been in the United States? _____

Native Language / Home Language _____

Are you 17 or younger? YES NO

Gender (Please specify) _____

OTHER INFORMATION

How did you learn about our services?

- In-Class Presentation
- Website
- Campus TV/Monitor
- Teacher Referral (Please specify) _____
- Other (Please specify) _____
- Workshop
- Flyer
- Friend Referral

Programs that you have participated in:

- CARP
- DPRC
- ICCE
- LAC
- EOP
- TRIO (SSS)
- ETC
- Summer Bridge
- Metro