

Welcome & Support Resource Center

E1-176 (323) 780-6800

Key Service Request Form

Requestor's Information

Class/Program Information

Name: (Last, First) _____

Program Name: _____

Telephone: _____

Course Name/Number: _____

Email Address: _____

Location: _____

of students: _____

***Please submit your request at least one week prior to the desired date.
Check off the box next to the service request (you may select more than 1).**

Student Success Workshop (1 hour)

Time Management

Launch through the New SIS

Roadmap to Graduation

Day/Date

Time

1st Choice _____

2nd Choice _____

Class Visit
(10-15 minutes)

Day/Date

Time

1st Choice _____

2nd Choice _____

Campus Tour
(45 minutes)

Day/Date

Time

1st Choice _____

2nd Choice _____

Disclaimer: Your request is confirmed once you hear back from a Welcome Center Staff Member.

Additional request/s

Office Use Only

Google: _____ ETO: _____