

**COLLEGE OF PHARMACY
ACADEMIC ENRICHMENT PROGRAM (AEP)
ENROLLMENT FORM**

(Please Print)

LAST, FIRST:		XUID#	
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Demographics

CLASS P1 P2 P3 P4

AGE: _____

SEX: Male Female

RACE: _____

CUMULATIVE GPA: _____

STUDENT NUMBER:	
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PHONE#:	() -
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CELL#:	() -
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EMAIL:	
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TUTORING AREAS	No.	Subject Area	Tutor Assigned	
Please list the course(s) you are requesting tutoring services.	1			<input type="checkbox"/> Fall__ <input type="checkbox"/> Sp__
	2			<input type="checkbox"/> Fall__ <input type="checkbox"/> Sp__
	3			<input type="checkbox"/> Fall__ <input type="checkbox"/> Sp__
	4			<input type="checkbox"/> Fall__ <input type="checkbox"/> Sp__
	5			<input type="checkbox"/> Fall__ <input type="checkbox"/> Sp__
	6			<input type="checkbox"/> Fall__ <input type="checkbox"/> Sp__
	7			<input type="checkbox"/> Fall__ <input type="checkbox"/> Sp__
	8			<input type="checkbox"/> Fall__ <input type="checkbox"/> Sp__
	9			<input type="checkbox"/> Fall__ <input type="checkbox"/> Sp__
	10			<input type="checkbox"/> Fall__ <input type="checkbox"/> Sp__

OTHER AEP SERVICES	<input type="checkbox"/> Development of Comprehensive Study Schedule
	<input type="checkbox"/> E-Learning/ Computer-Assisted Instruction Resources
	<input type="checkbox"/> Peer Tutoring (check here and sign below)
	<input type="checkbox"/> Other: (please specify)

I would like to request tutoring services from the College of Pharmacy AEP Program.

Signature	Date
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