

# NORFOLK STATE UNIVERSITY

## OFFICE OF FIRST YEAR EXPERIENCE

### SERVICE REQUEST FORM

Current Date:	
Date(s) Request Needed:	
Name:	
Dept./Agency:	
Telephone:	
Fax:	

**Notice: THIS FORM MUST BE SUBMITTED AT LEAST 10 WORKING DAYS PRIOR TO REQUEST DATE:**

#### PLEASE INDICATE SERVICE(S) REQUESTED:

- ACCESS Supplemental Instruction (SI)
- ACCESS Peer Tutoring
- Instructional Computer Lab
- Academic Skills Seminars (indicate specific seminar below):
  - \_\_\_ Time Management                      \_\_\_ Note Taking Techniques
  - \_\_\_ Developing Good Study Habits        \_\_\_ Career Information and Awareness
  - \_\_\_ Critical Thinking Skills                \_\_\_ Exit Exam of Writing Competency (EEWC) Preparation
  - \_\_\_ Test Taking Techniques                \_\_\_ Stress Management
  - \_\_\_ Maximizing Your Campus Resources    \_\_\_ Other (specify) \_\_\_\_\_
  - \_\_\_ ACCESS Academic Support Services

#### PLEASE INDICATE PURPOSE OF SERVICE REQUEST OR ATTACH INFORMATION:

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#### OFFICE USE ONLY

<i>Required Signatures</i>	
Staff Providing Service:	Date Approved:
Director/Executive Director:	Date Approved: