

**Student Service Request Form**

*Please complete the following information, ensuring that it is complete and legible*

**Student Information**

Student Name: \_\_\_\_\_ Term: \_\_\_\_\_

Last four of Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number & Email: \_\_\_\_\_

Tutoring Availability: (Circle all that apply) | **Mon** AM/PM | **Tues** AM/PM | **Weds** AM/PM | **Thurs** AM/PM | **Fri** AM/PM |

Subject/Content: \_\_\_\_\_

**Type of Service Requested:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Tutoring Assistance (Non-Grad /Challenger) <i>(Please complete tutoring availability portion)</i> | <input type="checkbox"/> Method 3: Challenge Application Assistance<br><input type="checkbox"/> Initial Application Submission<br><input type="checkbox"/> RONP Resend               | <input type="checkbox"/> Placement assistance<br><input type="checkbox"/> Non-Grad<br><input type="checkbox"/> Active student |
| <input type="checkbox"/> CNA Equivalency Application   | <input type="checkbox"/> Review & Refresh Course Assistance & Admission<br><input type="checkbox"/> First time tester (NCLEX)<br><input type="checkbox"/> Second time tester (NCLEX) | <input type="checkbox"/> Other: _____<br>_____<br>_____   |
| <input type="checkbox"/> Post Licensure Course (PLC) Information and Enrollment  |  |   |

The student's financial accounts **must be current** prior to the college furnishing any Service Assistance. Please note that Angeles Institute offers assistance with the listed services in an effort to offer the best student outcomes and quality customer service but is not mandated to provide any such services. Therefore, some types of assistance will only be completed at the discretion of the Administrator(s) &/or Instructor(s) you are requesting the services from (e.g., placement assistance will be subject to availability).

- \*Please indicate your availability and desired content to review for tutoring session requests.
- \*Please complete the Placement and Resume questionnaire (or submit your resume via email to [studentaffairs@angelesinstitute.edu](mailto:studentaffairs@angelesinstitute.edu)) in time for your appointment for all Placement assistance requests
- \*Please complete all employer verifications for additional clinical hours prior to your appointment for all Method 3 Challenge application assistance requests. *\*Only applicable to those with less than 1034 clinical hours.*

Please allow up to **10 business days** for processing.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Badge #:   
Class Start:

**Office Use Only**

- FA Cleared \_\_\_\_\_
- Completed \_\_\_\_\_
- Money Received: YES \_\_\_\_\_ NO \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Unable to Complete, See Comments

Comments:

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*Angeles Institute Employee Signature*

*Date*