

Location of the session

Outreach Services Request Form

Office of Educational Partnerships

Thank you for your interest in our services. Please fill out the following form completely. With the exception of Campus Tours and Information Sessions/Tables, events are listed in order of the Steps to Enrollment and should be requested following the prescribed listed sequence. Please allow at least 5 business days for a confirmation.

School or Organization Name					
Address		City	State	Zip	
School or Organization Phone		Extension	Extension #		
Contact Name					
Email					
CAMPUS TOURS			<u>, </u>		
Guided by a Student Ambassad	or, students will ha	ve the opportunity	to ask questions ar	nd explore Compton	
College. For groups larger than			•	ia explore compton	
	10) picase ande ac	icase one nour for e	ou		
Requested date and time	2 m al ele = 1		2 mal alt = 1 = -	2nd ab aire	
1st choice	2nd choice	Chart/Find Time	3rd choice	Chart/Find Times	
Date Start/End Time	Date Special requests	Start/End Time	Date	Start/End Time	
Size of group	Special requests	(more space on side-2)			
A Student Ambassador will set of questions, and/or give a present enrollment. If requested, a tabl	tation about Comp	oton College service	s and programs alo		
Requested date and time					
1 st choice	2 nd choice		3 rd choice		
Date Time	Date	Time	Date	Time	
Location for table or presentation					
	_				
ADMISSIONS APPLICATION	N / PROMISE AP	PLICATION WOR	KSHOP		
An outreach representative and	l/or Student Amba	ssador will assist st	udents complete th	e CCCApply Admissions	
Application to Compton College		net-ready computer	s and a minimum o	of 10 students. Please	
allot at least 40 minutes to com	plete.				
Requested date and time					
1 st choice	2 nd choice		3 rd choice		

NEW STU	DENT ORIENTATION					
An outreac	h representative will go o	ver Compton Co	ollege programs and serv	ices. Must have a	minimum of 10	
students in	attendance. Please allot	at least an hou	r and a half to complete.	Students must b	ring Compton College	
I.D. numbe	r and a photo I.D.					
Requested	date and time					
1 st choice		2 nd choice		3 rd choice		
Date	Time	Date	Time	Date	Time	
Location of t	he session					
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	ONAL PLANS	oot CCCAmaly A	dunicaious Auguliontion com			
	ho have completed a curr	• • •	• •		•	
	onal plan to identify classe	•	•	, •	. •	
	a minimum of 10 student			id a fiall flours to	r advising. Students	
must bring	Compton College I.D. nur	nber and a phot	.O I.D.			
	date and time	_				
1 st choice		2 nd choice		3 rd choice		
Date	Time	Date	Time	Date	Time	
Location of C	Computer Lab:					
DEPARTME	NT REFERRALS					
	d like to be connected wi	th any of the de	partments below to prov	ide information s	sessions or any other	
•	ase check those that appl	•	•			
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Career	& Technical Education (C	ΓE)	First Ye	ear Experience (F	YE)	
Cooperative Agencies Resources for Education (CARE)						
=	ed Opportunities Services	•	′ =			
=	Resource Center (SRC) – '		· —	idi 7 lid		
= :	Resource Center (SRC) – '		· · · · · · · · · · · · · · · · · · ·	\/ici+ 1\		
	nesource cerrier (SKC) -	VISIL Z. FUIIUW-U	ph (must mave completed	VISIL I		
Additional In	formation, Special Needs	s or Requests:				

MAIL OR EMAIL TO: Educational Partnerships

1111 E. Artesia Blvd., Compton, CA 90221

Phone: 310-900-1600, ext. 2767 | email: outreach@compton.edu