

## El Camino College Compton Center Outreach Services Request Form Office of Outreach and School Relations

Thank you for your interest in our services. In order to accommodate your request, please fill out the following form neatly and completely. Events are listed in order of the enrollment process (except Campus Tours) and

	equested following ganization Name	ig such sequence. Ple	ease allow at least 3	business days for a c	communation.	
Mailing Addre	200					
ivialiling Addit	<b></b>					
Address			City	State Zip		
School Phone				Your Extension		
Contact Nam	e					
Email				Fax		
CAMPUS 1	TOLIRS			I		
		ador students will be	ave the opportunity	to ask questions and	l explore Compton	
•			• • • •	ir (may vary by 15 m	•	
		ii 10, picase anot at	icast an nour for tot	11 (111ay vary by 13 111	macesj.	
Requested ( 1st choice	date and time	2nd choice		3rd choice		
Date	Time	Date	Time		Time	
Size of group	Time		s (more space on side-2)	Date	Time	
0 1			,			
NEORMA	TION SESSION	OR TABLE	(check which service y	ou are requesting)		
			•	rvices offered at Con	nnton Center and	
		•			ervices and programs	
		•		luled on a regular ba	•	
J	date and time	, , , , , , , , , , , , , , , , , , , ,				
1 <sup>st</sup> choice	date and time	2 <sup>nd</sup> choice		3 <sup>rd</sup> choice		
Date	Time	Date	Time	Date	Time	
Location for s	et up or presentatio	n		1		
APPLICATI	ON WORKSHO	)P				
An outreach	representative a	nd/or student amba	ssador will assist stu	udents to apply to Co	mpton Center. Must	
				nce and allot at leas		
Requested (	date and time					
1 <sup>st</sup> choice	acc and time	2 <sup>nd</sup> choice		3 <sup>rd</sup> choice		
		1		•		
Date	Time	Date	Time	Date	Time	

		2 <sup>nd</sup> choice		3 <sup>rd</sup> choice	3 <sup>rd</sup> choice	
Date	Time	Date	Time	Date	Time	
Location of	the session					
ASSESM	ENT TESTING AN	ID EDUCATIONAL	L PLANS			
	•	•		o have completed a cι		
	•	-		eet with a counselor to	•	
	•	•	•	of 10 students in atte		
two and a	half hours for testi	ng. Student must kr	now their Compton	Center I.D. number an	d bring a photo I.D.	
Requested	d date and time					
1 <sup>st</sup> choice		2 <sup>nd</sup> choice		3 <sup>rd</sup> choice		
Date	Time	Date	Time	Date	Time	
Location of	Computer Lab:					
	ENT DEFEEDALS					
	ENT REFFERALS	atad with any of the	, danartmants balay	u ta provida informati	on cossions or only oth	
If you wou	ıld like to be conne	•	•	v to provide informati	•	
If you wou	ıld like to be conne	•	•	w to provide information the appropriate staff.	•	
If you wou service, pl	ıld like to be conne ease check that ap	ply and we will forw	vard your request to	the appropriate staff.	·	
If you wou service, pl	Ild like to be conne ease check that ap	ply and we will forw	vard your request to	the appropriate staff.	·	
If you wou service, pl Career Coope	Ild like to be conne ease check that ap & Technical Educa rative Agencies Res	ply and we will forw ition (CTE) sources for Educatio	vard your request to Fin On (CARE)	the appropriate staff.  st Year Experience (FY ster Youth / Y.E.S.S.	E)	
If you wou service, pl Career Coope	Ild like to be conne ease check that ap · & Technical Educa rative Agencies Res led Opportunities S	ply and we will forw	vard your request to Fin On (CARE)	the appropriate staff.	E)	

**NEW STUDENT ORIENTATION** 

## MAIL, FAX OR EMAIL TO: Outreach and School Relations

1111 E. Artesia Blvd, Compton CA 90211

Phone: (310) 900-1600 x2765 | Fax: 310-900-1697 | email: comoutreach@elcamino.edu