TUTOR APPLICATION

NAME_____ID#_____   E-MAIL_____

CAMPUS ADDRESS_____   MAILBOX #_____

PHONE_____   CELL PHONE _____

STANDING   FR   SO   JR   SR   OTHER   CUMULATIVE GPA_____

MAJOR(S) _____

MINOR(S) _____

List courses you are qualified to tutor (minimum 3.0 required). The more classes you are available for, the more opportunities to tutor.

Course #	Course Name	Professor	Semester Completed	Grade	Other professors whose classes you can tutor

I have read the requirements for application and participation in the tutoring program and agree to them. I verify that the information provided is accurate.

Signature of applicant _____ Date _____

Complete both sides of the application.

OFFICE USE ONLY

application terminated   date   reason

04/05/11

1. What kinds of problems do you think students typically have in the subjects you would like to tutor?

What study methods have you developed to deal with those problems in your own work and/or what would you recommend to others?

What do you see as a major goal of a tutoring relationship?

How would working as a peer tutor support your career plans?