



OFFICE OF
CAMPUS LIFE

Office of Campus Life Peer Tutoring Service

This application does not guarantee hiring. Students pay tutors directly.

- Hourly rate \$8.00
- Other \$ _____

Please type or print clearly.

Tutor Application

Date: _____ Student ID No: _____

Name: _____
Last First Middle

Address: _____
City State Zip Code

Phone: _____ Phone: _____ Email: _____
Home Work

Hours Enrolled This Semester: _____ Classification (*Circle One*): Grad. Sr. Jr. Soph. Fr.

Major/Minor: _____ Current GPA: _____ Are you eligible for a work-study? Yes No

Please identify two faculty members or administrators who will act as references.

Name	Department

List the classes you feel qualified to tutor:

List any activities you feel would enhance your effectiveness as a tutor:

Please place an "X" in the time slots you are available to tutor.

	8:00 am	9:00 am	10:00 am	11:00 am	Noon	1:00 pm	2:00 pm	3:00 pm	4:00 pm	5:00 pm	6:00 pm	7:00 pm	8:00 pm
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													
Sunday													

My signature below authorizes the Peer Tutoring Coordinator to (1) continually access my student record for purposes relating to tutoring and (2) to contact faculty for reference purposes. It also indicates that I understand there is no guarantee of hiring, that I will attend sessions which I schedule, and that payment is the responsibility of students requesting my services.

Signature

Date