

Tutoring and Academic Support Programs STUDENT WRITING TUTOR APPLICATION

NAME: _____

Date: _____

STUDENT ID# _____

MAJOR _____

CONTACT PH./CELL #: _____ STUDENT EMAIL _____

Please complete this application, with the appropriate signatures if applicable, and return it to the TASP office in McCullough Hall.

Please check which hours you are available to work during the semester:

	9-10am	10-11 am	11-12 am	12-1 pm	1-2 pm	2-3 pm	3-4 pm	6-9 pm
Monday								
Tuesday								
Wednesday								
Thursday								
Sunday								

Please give your cumulative GPA _____

Why are you interested in being a Writing Center tutor?

Did a faculty member refer you?	Yes	No
If so, which faculty member?		

Faculty name		

Faculty signature		

Briefly describe related work experience (use back if needed):

STUDENT SIGNATURE

We will contact you soon with more detailed interview information.