

## Tutoring and Academic Support Programs STUDENT 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:**

	1-2pm	2-3pm	3-4pm	4-5pm	5-6pm	6-7pm	7-8pm	8-9pm
Monday								
Tuesday								
Wednesday								
Thursday								
Sunday								

**Please give your cumulative GPA \_\_\_\_\_**

**Please list what subject/course(s) you would tutor and your grade in that class.**

SUBJECT		GRADE
SUBJECT		GRADE
SUBJECT		GRADE

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

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

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**STUDENT SIGNATURE**

We will contact you soon with more detailed interview information.