

Applicant Signature

Tutor Application Information

Thank you for your interest in becoming a Peer Tutor for Student Support Services! Please fill out the application and return to Sandy Sillo at Student Support Services (5th Floor, Wahlstrom Library). *Please type or print legibly.*

		eneral Contact Info	rmation		
Date:					
First Name:	Las	Last Name:		Student ID:	
Address:		City	State		
Zip Code	Home Phone:		Cell Phone:		
E-mail:	Student I Strat Name: Student I Idress: City State Code Home Phone: Cell Phone: When can you begin tuto				
C4 V	C	Academic Standi		Dest Cardante	
Current Year:	SophomoreJunio	r Senior	Graduate Student	Post Graduate	
Undergraduate C	umulative GPA:	Undergrad	GPA (in your major cia	asses only):	
	"	Undergrad Mi	nor (if applicable):		
FOR PROFESSIO	ONAL TUTORS ONLY:		•	I CD4	
Graduate Degree Earned: Graduate GPA:					
Please list all cour	rses you would like to tutor	and the grade that y	ou earned:		
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Average hours you	will be able to tutor per week:	Are you ava	ilable on Saturday?	Evenings?	
Do won how one	past tutoring and/or teaching		ulaasa avulain		
Do you have any j	past tutoring and/or teaching	ig experience: if yes	, piease expiain.		
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	our ideal tutor. What are th	e traits and characte	ristics do you envision	your ideal candidate to	
possess?					

I verify that all the information I provided is true, and I allow Student Support Services to seek out any further information applicable.