

Tutor Connection / Student Support Services

TUTOR APPLICATION

(Please Print Legibly)

Name: _____ Date: ___/___/_____

Campus Box #: _____ Campus Phone #: _____

E-mail: _____@_____

Off-Campus Phone #: _____

Academic Level: Freshman Sophomore Junior Senior

Major: _____ Minor: _____

Occupational Plans: _____

Why do you want to be a tutor?

Do you have any related experience?

What courses/subjects do you want to tutor?

List three faculty/staff members who would recommend you:

How did you find out about the tutoring opportunities?

Additional information or comments:

Office Use Only:

_____ GPA
_____ Recommendations

Accept Reject
Date: _____

Hold