

# Tutor Application

Today's date: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

**Academic Level (Circle One):**      FR      SO      JR      SR      GRAD

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

**COURSE(S) YOU WISH TO TUTOR:** \_\_\_\_\_

1. \_\_\_\_\_ Grade Received: \_\_\_\_\_

2. \_\_\_\_\_ Grade Received: \_\_\_\_\_

3. \_\_\_\_\_ Grade Received: \_\_\_\_\_

**REFERENCES:** List names of three people who may be contacted. Two must be familiar with your academic records.

NAME	PHONE	ASSOCIATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Are you currently working elsewhere on campus? \_\_\_\_\_

If so where \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Please sign so that the Learning Center may have permission to obtain you transcript.

Signature: \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Please put completed form in Professor Vincent's or Professor Defelippo's mailbox.