



TUTOR APPLICATION

Your Name _____ Today's Date _____

E-Mail address that you use _____ Phone # _____

Subjects Willing To Tutor

Faculty Recommendation

Subject/Class Name

Faculty Member's Signature

Subject/Class Name

Faculty Member's Signature

Approximately how many hours per week would you like to tutor? _____

Check below ALL times when you are AVAILABLE to tutor.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
Evening					

I understand the following:

Please initial:

Students can only receive up to two hours of tutoring per week per course.

I will complete Tutoring Record forms for each student after every session and leave them in my folder with my timesheet in the Learning Center.

I will notify my tutee in advance if I will be late or unable to make my appointment.

I will not do homework, assignments, or quizzes for tutees.

I must meet on campus (not in the dorms) for my tutoring sessions.

I will be paid minimum wage and need to have my timesheet signed and turned in to the LC by the 15th of every month in order to be paid (or earlier depending on holidays).

I will respect the confidentiality of students and alert LC staff immediately to any problems occurring during tutoring sessions.

I will participate in the required tutor training.
