

The Learning Center Tutor Application

Date: _____

First name: _____ MI: _____ Last name: _____

Student Identification Number: _____

LOCAL ADDRESS INFORMATION

Box # or Street Address: _____

Town: _____ State: _____ Zip: _____

Phone number: _____ Email Address: _____

PERMANENT ADDRESS INFORMATION

Street Address: _____

Town: _____ State: _____ Zip: _____

Phone number: _____

GENERAL INFORMATION:

Major: _____ Class: Fresh. Soph. Junior Senior Graduate
(Circle one)

How many students would you be able to tutor privately this semester? (Keep in mind that each private tutorial is about 1 hour per week) _____

Saint Rose courses you can tutor: (Include the instructor only if the course was taken @ St. Rose)

Course	Instructor	Course	Instructor	Course	Instructor

OFFICE USE ONLY:

Pay Rate: _____

Type of tutor:

<input type="checkbox"/> Open Lab	<input type="checkbox"/> Study Cluster	<input type="checkbox"/> DSS
<input type="checkbox"/> HEOP/ACCESS	<input type="checkbox"/> Summer Program	<input type="checkbox"/> Peer Leader

Subjects tutored: _____

Entered by: _____

Date Entered: _____

Record Number: _____

Please list three on-campus references. References should be faculty members who can attest to your content area knowledge, to your performance in the courses you can tutor, your reliability and your classroom conduct.

Name	Phone	Courses taken with this faculty member	

Office Use Only

Reference Name:	Verbal Comments	Date