

◆ACADEMIC RESOURCE CENTER◆
TUTOR APPLICATION FORM *(Please Print Clearly)*

DATE: _____

NAME: _____
Last First M.I.

GO CARD #: _____

TELEPHONE: (_____) _____ EMAIL: _____

SCHOOL: COL SFS MSB NHS CLASS: FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE

In the past have you ever worked as a tutor for the Academic Resource Center? YES NO, If yes, what year? _____

If you are currently employed by the university, please complete the following:

Department: _____ Contact Person: _____

Contact's Phone Number: _____

Cumulative GPA as of time of application: _____

SUBJECT(S) you want to tutor in:

COURSE _____ FINAL GRADE IN COURSE _____ SEMESTER TAKEN _____ PROFESSOR _____

1. _____
2. _____
3. _____