



Student Support Services
Mail Code 1107
626-7009
SC 265

TUTOR APPLICATION

Student Support Services

Applicants must have received a grade of at least B+ or above in the subjects they wish to tutor. Please return this form along with a copy of your current transcript to the Student Support Services Office

Name: _____ Date: _____ Email: _____

SSN: _____ Home Ph: _____ Other Ph: _____

Address: _____
Street City State Zip

For which classes can you tutor? List where you took classes, professor, and grade.

	COURSE	SCHOOL	PROFESSOR	GRADE
1				
2				
3				
4				
5				
6				
7				
8				

Have you tutored in these subjects before? Yes _____ No _____

If so, which subjects and for what school, department, etc.?

Highest degree achieved: None _____ Associate _____ Bachelor's _____ Master's _____

From what institution: _____

Are you at least 16 years of age? Yes _____ No _____

Please list any languages you may know. _____

How many course credits are you taking this semester?

Are you currently in the work-study program? Yes _____ No _____

FOR OFFICE USE HIRED _____ NOT HIRED _____

GRADES VERIFIED _____ BY _____ DATE _____

STAFF SIGNATURE _____

COMMENTS:

STUDENT SUPPORT SERVICES

TUTOR POLICIES & PROCEDURES

As an employee of Student Support Services, I agree to the following:

1. I will attend initial tutor training and tutor training classes held weekly (ED 2920).
2. I will turn in all paperwork within 7 days after tutoring sessions.
3. If I cannot keep a tutoring appointment, I will call the office at least 1 hour in advance. Two unexcused absences or three unexcused tardies may result in termination.
4. I understand that all scheduling and rescheduling is to be done through my supervisor.
5. I will attend meeting with my supervisor as required (approximately 3 per semester) to discuss student progress and other Student Support Services business.
6. I will tutor in the tutoring center in the Student Services building. Special arrangements must be made in advance through my supervisor.
7. If I fulfill all obligations through the semester, I will be considered a tutor in good standing, and may be eligible for re-hire for the next semester provided there is a need in my subject area.

I have read, understand, and agree to follow the Student Support Services Tutor Policies and Procedures. I also understand that failure to comply with these policies may result in my termination as a tutor for the Student Support Services program.

Signature

Date

TUTOR AUTHORIZATION RELEASE FORM

I authorize the staff from the Student Support Services office to release to third parties and/or prospective employers all materials relating to me contained in the files of said office for the purpose of furthering its efforts to assist me in securing employment or furthering my education.

Signature

Date



TUTOR SCHEDULE



TUTOR:

TELEPHONE:

SUBJECTS:

PLEASE "X" OUT THE HOURS YOU ARE NOT AVAILABLE BELOW.

HOURS	MON	TUE	WED	THU	FRI	SAT
7:00am to 8:00am						
8:00am to 9:00am						
9:00am to 10:00am						
10:00am to 11:00am						
11:00am to 12:00pm						
12:00pm to 1:00pm						
1:00pm to 2:00pm						
2:00pm to 3:00pm						
3:00pm to 4:00pm						
4:00pm to 5:00pm						
5:00pm to 6:00pm						
6:00pm to 7:00pm						
7:00pm to 8:00pm						

DESIRED NUMBER OF HOURS PER WEEK: