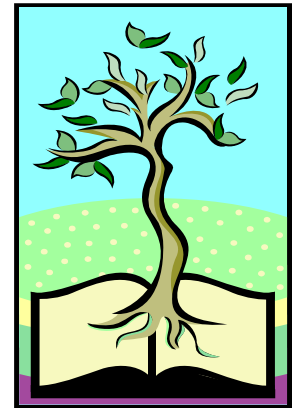


Today's date: _____

LEARNING CENTER

New Tutor Application



Name: _____
ID #: ____ @ _____
Address _____
City: _____
State: _____ Zip: _____
Resident Hall address: _____
Phone (Home): _____
Phone (Work): _____
Cell phone: _____
E-mail: _____ @students.ccsnh.edu

Courses to Tutor

- 1.
- 2.
- 3.
- 4.

Hours per week to tutor?

1-2 3-4 5-6

Copy your class schedule onto the form below. Give course name & number & location where class is held. Enter work hours and other times when you are unavailable for tutoring.

| TIME | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|----------|--------|---------|-----------|----------|--------|
| 8-8:50 | | | | | |
| 9-9:50 | | | | | |
| 10-10:50 | | | | | |
| 11-11:50 | | | | | |
| 12-12:50 | | | | | |
| 1-1:50 | | | | | |
| 2-2:50 | | | | | |
| 3-3:50 | | | | | |
| 4-4:50 | | | | | |
| 5-5:50 | | | | | |
| 6-6:50 | | | | | |
| 7-7:50 | | | | | |
| 8-8:50 | | | | | |

Today's date: _____

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What qualities do you think are important to tutoring, and what strengths would you bring to tutoring?

Describe your experiences related to tutoring, whether paid or volunteer.

Describe any honors or awards you have received and the year in which you received them.

EDUCATION: Include high school, college, and related education.

School

Major

Dates attended

Graduated?

EMPLOYMENT: List your last three jobs, including present, part time, and summer

Position

Employer

Dates

REFERENCES: Please include phone number or email, and indicate if business or academic.

1. _____
2. _____
3. _____