STUDENT TUTOR APPLICATION

Name: _____ Stinger ID#: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Are you eligible for work-study? Yes _____ No _____

College you Attend: _____ Major: _____ Current GPA: ____

Interested in tutoring during the following semesters:
Fall: _____ Spring: _____ Summer I & II: _____

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Please answer the following questions in the space provided.

1. How did you hear about this tutoring program?

2. What qualifications do you possess that would make you a good tutor?

3. What would be your best piece of advice for a student who is struggling academically?

4. What is your definition of strong study skills, and how would you teach them to a student?

5. What subject/area are you interested in tutoring?

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The above information is true and accurate to the best of my knowledge. I authorize the Student Support Center and the Tutor Coordinator to obtain my transcripts and use this information to determine my eligibility as a tutor. Furthermore, I understand that this information will be kept in my tutor/employee file and will remain confidential.

_____
Tutor Applicant Signature

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Please return this application to the Tutor Coordinator (SS166) or via UCR Box 19.