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 (SS168) or via UCR Box 19.