Andrews University
Student Success Center
Application for Group Tutoring Position

Name: _____ ID# _____ Date: _____ / _____ / _____

E-Mail: _____ Phone: _____ / _____ / _____

Class Standing: **Freshman   Sophomore   Junior   Senior   Graduate Student**

I will be available for tutoring: Fall Semester: ___   Spring Semester: (Please check all that apply)

I would like to tutor: hours a week.

Do you have any experience in group tutoring?   Please Check Box: **Yes   No**

PLEASE NOTE: *Student Success does not hire students that are on Academic*

Probation.

RECOMMENDATIONS

Please list **two faculty members** on campus who can give you a recommendation, one of which must be in your <u>primary</u> tutoring area.

1:_____   2: _____

AVAILABILITY:

*We hold tutoring **Mondays-Thursdays 1pm-7pm** please list all times you are available.*

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

COURSES FOR WHICH YOU ARE QUALIFIED TO TUTOR

Generally, all **Andrews University** courses that you've received a B+ or higher in are considered classes that you are qualified to tutor. Please list only classes that you have received a B+ in or higher and those that you feel comfortable tutoring. Use the back of the form for more class information.

Course #	Course Title	Grade	Year Taken	Where Taken

Signature: _____   Date: _____