



TUTOR APPLICATION

Date: _____

Name _____ Student ID # _____

Local Address _____

Local Phone () _____ - _____ Local Email Address _____

Home Address _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

___ Undergraduate ___ Graduate Major _____ Year in College _____

Cumulative GPA this past semester _____ Overall _____

1. What courses are you interested in tutoring? List only those courses in which you received a grade of "B+" or better and feel confident tutoring.

Course	Grade	Course	Grade	Course	Grade

2. How many hours per week will you be available to tutor? _____

3. Will you be participating in any activities (academic or extra-curricular) on or off campus?

Please identify _____

4. Will you be holding another position on or off campus? _____ If yes, number of hours _____

5. Please list previous work experience, including organization, position, and length of time you held each position.

6. Briefly answer the following questions. Use additional sheets if necessary.

a.) What particular skills or experiences do you bring to the position of tutor?

b.) What are your personal strengths and weaknesses? How will these affect your job performance? _____

c.) Have you had any special experiences with handicapped or learning disabled individuals? If so, explain briefly. _____

7. Please list below two University of Delaware instructors and their addresses, who know your work in the field(s) you wish to tutor.

(Signed)

(Dated)

TUTOR RECOMMENDATION

The student, named below, has applied to the Academic Enrichment Center to be a tutor. He/She has listed you as a reference:

Student _____ Student ID # _____

Please indicate your opinion of the applicant's knowledge of the subject matter in the following areas:

Subject Area	Excellent	Good	Adequate	Poor	Don't Know

What is your opinion of the applicant's ability to:

Explain principles					
Provide examples					
Be patient					
Be encouraging					
Be reliable/punctual					

General Comments: (Please continue on reverse if necessary) _____

Your Name _____ Telephone Number _____ - _____

Position _____ Department _____

Thank you very much for your assistance. Please return this recommendation as soon as possible to the Academic Enrichment Center, 148-150 South College Ave. Newark, DE 19716 attn: Eunice Wellons.