

**Office Use Only**

Data \_\_\_\_\_ Sp. Billing \_\_\_\_\_  
Canceled \_\_\_\_\_ Date \_\_\_\_\_  
Reason \_\_\_\_\_  
Unassigned \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_  
Pick Up \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TUTEE APPLICATION**

Tutoring Services - Dean of Students Office  
PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date \_\_\_\_\_ SS # \_\_\_\_\_ Std ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_

Your responses to questions 1-7 are optional and will be used for data collection purposes only:

1. Year in School?                     Fr  So  Jr  Sr  Grad  Special Status (non-degree undergrad)
  2. What is your major? \_\_\_\_\_
  3. Have you used our service previously?  Yes  No
  4. Have you sought help from:  Faculty  Advisor  TA
  5. Are you an undergrad who is 25 years or older?  Yes  No
  6. Race or ethnic background:  Asian American  Black American  
 Hispanic American  Native American Indian  White American  
 International (country): \_\_\_\_\_
  7. Are you receiving aid from any of the following sources?\*
- |   |   |
|---|---|
| <input type="checkbox"/> Academic Success Center          | <input type="checkbox"/> Athletic Department              |
| <input type="checkbox"/> Computer Science LC              | <input type="checkbox"/> Int'l Education Services         |
| <input type="checkbox"/> McNair Program                   | <input type="checkbox"/> Women in science and Engineering |
| <input type="checkbox"/> Military Science Program         | <input type="checkbox"/> Multicultural Student Affairs    |
| <input type="checkbox"/> Naval Science                    | <input type="checkbox"/> Student Financial Aid            |
| <input type="checkbox"/> Student Support Services Program | <input type="checkbox"/> Construction Engineering LC      |
| <input type="checkbox"/> Vocational Rehabilitation        | <input type="checkbox"/> Other _____                      |
- Hixson

McNair Program

\* If so, you may be eligible to have part or all of your tutoring costs paid.  
Take this form to the appropriate agency for details.

The \_\_\_\_\_ office will pay tutoring charges for this student.  
\_\_\_\_\_ (Department signature and title)

List the course you want tutoring in. Undergraduate classes only.

**Please fill out one form for each course.**

Course \_\_\_\_\_ Instructor \_\_\_\_\_  
(subject) (course #) (section or track)

Other classes that you have requested tutoring for this semester: \_\_\_\_\_

**OFFICE USE ONLY**

Tutor Assigned \_\_\_\_\_

Date Assigned \_\_\_\_\_

Group Number \_\_\_\_\_

Time Designated \_\_\_\_\_

Schedule: You will be assigned for **2** hours per week. Please give us **as many hours as possible** to work with. **The more hours you give us, the better your chance of getting a tutor.**

**Please put an "O" when you ARE available.**

	Monday	Tuesday	Wednesday	Thursday	Friday
8-9 a.m.					
9-10 a.m.					
10-11 a.m.					
11-12 a.m.					
12-1 p.m.					
1-2 p.m.					
2-3 p.m.					
3-4 p.m.					
4-5 p.m.					
5-6 p.m.					
6-7 p.m.					
7-8 p.m.					
8-9 p.m.					
9-10 p.m.					

**NOTIFY TUTORING SERVICES IMMEDIATELY OF ANY SCHEDULE CHANGES**

Please hand this form to a staff member at the desk.

**STOP!**

**Do not sign here until you have read the policy statement and have picked up your tutoring assignment.**

I have read and understand the information in the policy statement. I agree to abide by the policies described.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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DATE	NOTES

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