



# 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office of Academic Enrichment**

148-150 S. College Avenue, Newark, DE 19716

Phone: 302/831-4555 • Fax 302/831-4128 • [www.ae.udel.edu](http://www.ae.udel.edu)

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?

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

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

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

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\_\_\_\_\_  
(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:

<b>Explain principles</b>					
<b>Provide examples</b>					
<b>Be patient</b>					
<b>Be encouraging</b>					
<b>Be reliable/punctual</b>					

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 : Sandy McFoy