



STUDENT TUTOR APPLICATION

STUDENT NAME _____ ID NUMBER _____

ADDRESS _____ NATIONALITY _____

MOBILE (____) _____ E-MAIL ADDRESS _____

ACADEMIC STATUS FOR _____ SCHOOL YEAR SOPHOMORE JUNIOR SENIOR

CUMULATIVE GPA _____ TERMS ENROLLED AT AUD _____

MAJOR _____ CONCENTRATION _____

ADVISOR _____ HOURLY RATE FOR TUTORING
INDIVIDUAL _____
GROUP _____
MAXIMUM GROUP SIZE _____

I verify that the information contained in this application is truthful and an accurate assessment of my abilities. I understand that being an AUD Student Tutor carries with it responsibilities, obligations, and commitment. I comprehend that any false information in this application would be just cause to remove my name from the AUD list of student tutors. I also understand that if I must maintain a 3.0 GPA in order to remain on the list of student tutors.

STUDENT SIGNATURE _____ DATE _____

Please answer the following questions as completely and accurately as possible.

- Please describe your relevant tutoring and/or teaching experiences. Includes dates, duration and subjects taught.

- What are the academic difficulties that students experience in the subjects you have chosen to tutor? What are some of the ways that you would address these difficulties?

- Why do you want to be a student tutor?

- Why do you feel that you would be a good student tutor?

