

Tutor Renewal Application
The Office of University Academic Services
Please print all information clearly

Name _____ ID# _____

Local Address _____

Home Phone _____ Cell Phone _____

Best time to contact you _____ Email address _____

Semester _____ Year _____

List the numbers and titles of the courses you are willing to tutor.

COURSE <small>(prefix & number)</small>	TITLE	COURSE <small>(prefix & number)</small>	TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List hours you are available to tutor during the semester (if unknown, please let us know as soon as possible):

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Please include any comments/suggestions you may have about the tutoring program on the back of this sheet. Please return to: University Academic Services, 214 Student Union.

