

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

Name \_\_\_\_\_ ID# \_\_\_\_\_

Local Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Summer Address \_\_\_\_\_ Summer Phone \_\_\_\_\_

Best time to contact you \_\_\_\_\_ Email address \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_

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

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

**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.**

