



TUTOR APPLICATION

NAME (Please Print): _____ DATE _____

DYC EMAIL ADDRESS: _____ (preferred contact method)

HOME PHONE NUMBER: _____ CELL PHONE: _____

LOCAL ADDRESS: _____

HOME ADDRESS: _____

MAJOR/MINOR _____ GRADUATION YEAR _____

BRIEFLY DESCRIBE WHAT YOU FEEL YOU COULD OFFER OUR TUTORING PROGRAM

LIST ALL OF THE SUBJECTS THAT YOU ARE ABLE TO TUTOR:

You must have a GPA of 3.0 or higher in order to tutor for the Learning Center and received a B or better in the course that you wish to tutor.

<u>SUBJECT</u>	<u>GRADE</u>	<u>PROFESSOR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate your availability on the back of this form by marking the times you **ARE** available to tutor.

Along with this application, please submit a copy of your transcript from your STACI account to verify your grades in the course and your overall GPA.

Return form to Colin Eager in KAB 414 or eagerc@dyc.edu

Your signature authorizes Colin Eager to verify your grades on CASI.

Student Signature: _____

Peer Tutor Availability-D'Youville College

Please mark the times you **ARE** available to tutor.

Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:50	8:00-9:20	8:00-8:50	8:00-9:20	8:00-8:50
9:00-9:50	9:30-10:45	9:00-9:50	9:30-10:45	9:00-9:50
10:00-10:50		10:00-10:50		10:00-10:50
11:00-11:50	11:00-11:50	11:00-11:50	11:00-11:50	11:00-11:50
12:00-12:50	12:00-12:50	12:00-12:50	12:00-12:50	12:00-12:50
1:00-2:15	1:00-2:15	1:00-2:15	1:00-2:15	1:00-2:15
2:30-3:20	2:30-3:45	2:30-3:20	2:30-3:20	2:30-3:20
3:30-4:20	4:00-5:15	3:30-4:20	4:00-5:15	3:30-4:20
4:30-5:20		4:30-5:20		4:30-5:20