



# Student Support Services Tutor Application

# TRiO

Date: \_\_\_\_\_

All Applicants **must have a cumulative 3.0 GPA**

Name: \_\_\_\_\_ Tech ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ATU Email: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

| Subjects You Can Tutor: <i>(Grade of B or higher)</i> | Grade | Instructors Name |
|---|-------|------------------|
| College Algebra or Higher                             |       |                  |
| English Comp I and II                                 |       |                  |
|   |       |                  |
|   |       |                  |
|   |       |                  |
|   |       |                  |
|   |       |                  |
|   |       |                  |
|   |       |                  |

**Hours you will be available for tutoring:**  
*(Please check all boxes for times that you are available)*

| Time         | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| 8 – 9 am     |        |         |           |          |        |
| 9 – 10 am    |        |         |           |          |        |
| 10 – 11 am   |        |         |           |          |        |
| 11 – 12 noon |        |         |           |          |        |
| 12 – 1 pm    |        |         |           |          |        |
| 1 – 2 pm     |        |         |           |          |        |
| 2 – 3 pm     |        |         |           |          |        |
| 3 – 4 pm     |        |         |           |          |        |
| 4 – 5 pm     |        |         |           |          |        |
| 5 – 6 pm     |        |         |           |          |        |
| 6 – 7 pm     |        |         |           |          |        |
| 7 – 8 pm     |        |         |           |          |        |

**Please return to: Nichole Edwards**  
**Mail or return in person to:** Student Support Services  
105 West “O” Street Brown Hall Suite 345, Russellville, AR 72801  
**Fax:** (479) 880-4239 / **Email:** nedwards4@atu.edu





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## Faculty Recommendation for Peer Tutoring

Dear Faculty Member,

\_\_\_\_\_ has applied to the Student Support Services Tutoring Program and wishes to tutor \_\_\_\_\_.

Please complete this form and add any additional comments you might have concerning this student. Your assistance will help us in our efforts to provide the best possible tutors for the Student Support Services Peer Tutoring Program.

\_\_\_\_\_ I recommend the above student to serve in the position of peer tutor for the Student Support Services Tutoring Program. He/she has demonstrated academic competency and responsibility in his/her studies.

\_\_\_\_\_ I do not recommend the about student to serve in the position of peer tutor for the Student Support Services Tutor Program.

Printed Faculty Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Ph #: \_\_\_\_\_

**Please return to:**

*Mail or return in person to:* Student Support Services 105 West "O" Street Brown Hall Suite 345, Russellville, AR 72801

*Or Fax:* (479) 880-4239

**Additional Comments:**