



# Student Support Services Tutor Application

# TRiO

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

This application is for the **Fall 2019** semester only. All Applicants **must have a cumulative 3.0 GPA**

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

Mailing Address: \_\_\_\_\_  
*Street Address* *City, State, Zip*

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

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

Subjects You Can Tutor: <i>(Grade of B or higher)</i>	Grade	Instructors Name
MATH 1113 or higher		
ENGL 1013		
ENGL 1023		

### 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					

**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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**Please briefly answer the following questions:**

1. Why do you want to be a peer tutor with Student Support Services?
2. What qualities do you possess that you believe will make you a good peer tutor?
3. Think about one of the courses you are applying to tutor in, what was an approach that worked well for you in learning that material?
4. What experience do you have leading/working with other students?



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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:**

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*Or Fax:* (479) 880-4239

**Additional Comments:**