

**The Learning Center
Tutor Application**

Date: _____

First name: _____ MI: _____ Last name: _____

Student Identification Number: _____

LOCAL ADDRESS INFORMATION

Box # or Street Address: _____

Town: _____ State: _____ Zip: _____

Phone number: _____ Email Address: _____

PERMANENT ADDRESS INFORMATION

Street Address: _____

Town: _____ State: _____ Zip: _____

Phone number: _____

GENERAL INFORMATION:

Major: _____ Class: Fresh. Soph. Junior Senior Graduate
(Circle one)

How many students would you be able to tutor privately this semester? (Keep in mind that each private tutorial is about 1 hour per week) _____

Saint Rose courses you can tutor: (Include the instructor only if the course was taken @ St. Rose)

| Course | Instructor | Course | Instructor | Course | Instructor |
|--------|------------|--------|------------|--------|------------|
| | | | | | |
| | | | | | |
| | | | | | |

