

**HOPE COLLEGE
ACADEMIC SUPPORT CENTER
CONTENT TUTORING**

Application for Tutors

Name _____ Today's Date _____
(first) (mi) (last)

Student ID # _____ Hope E-mail _____

School Address _____ Local Phone _____

Cell Phone _____

Class: FR SO JR SR Expected Graduation Date _____

Major _____ Minor _____

Cumulative G.P.A. _____

What tutoring/teaching experience do you have? _____

Subject area you wish to tutor? _____

How many hours would you like to tutor per week? _____

List three (3) Hope faculty members as references including two (2) from your major area.

Name _____ Dept. _____ Ext. _____

Name _____ Dept. _____ Ext. _____

Name _____ Dept. _____ Ext. _____

FOR ASC OFFICE USE ONLY:

FOLDER

Will Tutor: _____

Rate: _____

**JOB STOP – Hiring Form
COMPUTER ENTRY – Email•Excel•Excel•Word
PRINT TT INFO FORM – Excel**

CLASS SCHEDULE PLANNER

Revised 7/17/02

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30		8:30		8:30
9:00	9:00	9:00	9:00	9:00
9:30	9:30	9:30	9:30	9:30
10:30 CHAPEL		10:30 CHAPEL		10:30 CHAPEL
11:00	11:00 COMMUNITY HOUR	11:00	11:00 COMMUNITY HOUR	11:00
12:00	12:00	12:00	12:00	12:00
1:00		1:00		1:00
	1:30		1:30	
2:00		2:00		2:00
3:00	3:00	3:00	3:00	3:00
4:00		4:00		4:00
	4:30		4:30	
5:00		5:00		5:00

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