**STUDENT SUPPORT SERVICES**

**TUTOR APPLICATION FORM**

|  |  |
| --- | --- |
| Name: | Net Id: |
| *(Last) (First)* |  |
| Address: | Date: |
| Cell Phone: | Email: |
| Classification: ⁯ So ⁯Jr ⁯Sr ⁯ Prof/Grad | GPA: |
| Major: | Hours enrolled: |

**General Qualifications:**

To be considered for a tutoring position, an applicant must:

1. Be currently enrolled as a Creighton University student.
2. Be classified as a sophomore, junior, senior, or graduate student.
3. Maintain an overall GPA of 3.0 or better and/or be recommended by course instructor.
4. Have an understanding and sensitivity to SSS students and their needs.
5. Possess strong communication and interpersonal skills.
6. Be available to work the duration of the semester for which you are applying.
7. Must report other on-campus employment to insure you do not exceed 40 hours per week.

**Recommendations:**

Applications must submit a recommendation affirming their ability to tutor in the subject(s) for which they are applying. Applicants must complete the recommendation form that follows this application.

**Interviews:**

Only those whose application packet is complete will be considered for an interview. Not all applicants will be interviewed; an applicant selected for an interview will be notified by email or phone call.

Please list **all** course(s) you are capable of tutoring. You must have earned a **B** or better in the selected courses and be recommended by a full time faculty member in the department offering the courses.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Courses I feel qualified to tutor:** | | | | |
| Course Title No. | Instructor | Date Taken | Final Grade | Where Taken |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please state why you feel you would be a good tutor:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Please list any previous tutoring and/or teaching experiences:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |  |
| --- | --- | --- | --- |
| I attached a resume. | * Yes | | * No |
| Are you employed elsewhere? | * Yes | | * No |
| If yes where? |  | | |
| How many hours per week do you work? |  | | |
| If yes, may we contact your employer? | * Yes | * No | |

Employer: Work Phone:

*Applicant Signature* *Date*

**Please write an “X” in the slots that are AVAILABLE TIMES for you to tutor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hours** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 7:30-8:00 |  |  |  |  |  | |
| 8:00-8:30 |  |  |  |  |  | |
| 8:30-9:00 |  |  |  |  |  | |
| 9:00-9:30 |  |  |  |  |  | |
| 9:30-10:00 |  |  |  |  |  | |
| 10:00-10:30 |  |  |  |  |  | |
| 10:30-11:00 |  |  |  |  |  | |
| 11:00-11:30 |  |  |  |  |  | |
| 11:30-12:00 |  |  |  |  |  | |
| 12:00-12:30 |  |  |  |  |  | |
| 12:30-1:00 |  |  |  |  |  | |
| 1:00-1:30 |  |  |  |  |  | |
| 1:30-2:00 |  |  |  |  |  | |
| 2:00-2:30 |  |  |  |  |  | |
| 2:30-3:00 |  |  |  |  |  | |
| 3:00-3:30 |  |  |  |  |  | |
| 3:30-4:00 |  |  |  |  |  | |
| 4:00-4:30 |  |  |  |  |  | |
| 4:30-5:00 |  |  |  |  |  | |
| 5:00-5:30 |  |  |  |  |  | |
| 5:30-6:00 |  |  |  |  |  | |
| 6:00-6:30 |  |  |  |  |  | |
| 6:30-7:00 |  |  |  |  |  | |
| 7:00:7:30 |  |  |  |  |  | |
| 7:30-8:00 |  |  |  |  |  | |
| 8:00-8:30 |  |  |  |  |  | |
| 8:30-9:00 |  |  |  |  |  | |
| 9:00-9:30 |  |  |  |  |  | |
| 9:30-10:00 |  |  |  |  |  | |

**Please return completed form and teacher recommendation to**

Harper Center, Suite 4008

Student Support Services- TRIO

Creighton University

**STUDENT SUPPORT SERVICES**

**TUTOR RECOMMENDATION FORM**

**To be completed by the student:**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CUID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject(s) in which student has applied to tutor: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by evaluator:** Please share your opinion of this student’s qualifications for a tutor position. For comparative assessment, please check the boxes below. We appreciate any written comments elaborating on any of these areas.

I would evaluate this student as follows:

**1 = Exceptional 3 = Above Average 5 = Below Average**

**2 = Well Above Average 4 = Average 6 = Unable to Judge**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Quality of Academic Work | 1 | 2 | 3 | 4 | 5 | 6 |
| Reliability/Punctuality | 1 | 2 | 3 | 4 | 5 | 6 |
| Communication Skills – Oral | 1 | 2 | 3 | 4 | 5 | 6 |
| Communication Skills – Written | 1 | 2 | 3 | 4 | 5 | 6 |
| Patience/Sensitivity | 1 | 2 | 3 | 4 | 5 | 6 |
| Leadership | 1 | 2 | 3 | 4 | 5 | 6 |
| Motivation | 1 | 2 | 3 | 4 | 5 | 6 |
| Maturity | 1 | 2 | 3 | 4 | 5 | 6 |
| Interpersonal Skills | 1 | 2 | 3 | 4 | 5 | 6 |
| Sensitivity to Diversity | 1 | 2 | 3 | 4 | 5 | 6 |
| OVERALL Suitability for A Tutor Position | 1 | 2 | 3 | 4 | 5 | 6 |

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| How long have you known this student? | In what capacity? |
| Print name: | Signature: |
| Position/Title: | Date: |
| Phone: | Email: |

May we contact you for further information if necessary? ⁯ Yes ⁯No

**Return to:** Student Support Services, Tutor Coordinator, Rich Jehlik, in Harper Center 4008

**STUDENT SUPPORT SERVICES**

**TUTOR RECOMMENDATION FORM**

**To be completed by the student:**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CUID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject(s) in which student has applied to tutor: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by evaluator:** Please share your opinion of this student’s qualifications for a tutor position. For comparative assessment, please check the boxes below. We appreciate any written comments elaborating on any of these areas.

I would evaluate this student as follows:

**1 = Exceptional 3 = Above Average 5 = Below Average**

**2 = Well Above Average 4 = Average 6 = Unable to Judge**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Quality of Academic Work | 1 | 2 | 3 | 4 | 5 | 6 |
| Reliability/Punctuality | 1 | 2 | 3 | 4 | 5 | 6 |
| Communication Skills – Oral | 1 | 2 | 3 | 4 | 5 | 6 |
| Communication Skills – Written | 1 | 2 | 3 | 4 | 5 | 6 |
| Patience/Sensitivity | 1 | 2 | 3 | 4 | 5 | 6 |
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| Motivation | 1 | 2 | 3 | 4 | 5 | 6 |
| Maturity | 1 | 2 | 3 | 4 | 5 | 6 |
| Interpersonal Skills | 1 | 2 | 3 | 4 | 5 | 6 |
| Sensitivity to Diversity | 1 | 2 | 3 | 4 | 5 | 6 |
| OVERALL Suitability for A Tutor Position | 1 | 2 | 3 | 4 | 5 | 6 |

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| How long have you known this student? | In what capacity? |
| Print name: | Signature: |
| Position/Title: | Date: |
| Phone: | Email: |

May we contact you for further information if necessary? ⁯ Yes ⁯No

**Return to:** Student Support Services, Tutor Coordinator, Rich Jehlik, in Harper Center 4008

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**OFFICE MEMORANDUM**

**DATE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO:**  Registrar’s Office

**FROM:**  Tutorial Coordinator

Student Support Service Program

**SUBJECT:**  Official Transcript

I hereby grant Student Support Services permission to access my grades for the purpose of determining my eligibility to serve as a tutor. Please release my transcript to the Student Support Services’ Tutor Coordinator at Creighton University. The mailing address is:

Tutor Coordinator

Creighton University

Student Support Services

Harper Center, Suite 4008

**Tutor Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

**Tutor Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**Tutor Student ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tutor Coordinator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**STUDENT SUPPORT SERVICES**

**EMPLOYEE CONFIDENTIALITY STATEMENT**

As an employee of the Student Support Services program, I understand that I will have access to confidential information such as grades, student records, test results, student progress in class, and similar data. I am aware that I may receive verbal or written communication with my supervisor, course instructor, or other students’ concerning course grades or other sensitive information which should be kept confidential.

I also understand that employment with the SSS Program means I must accept responsibility to preserve the confidentiality of this information and that failure to adhere to these guidelines will result in the termination of my employment.

I understand and acknowledge that all information I come in contact with relating to student or employee files, paper or electronic, while working for Creighton University will be held in strict confidence.

Accessing such information for personal use, allowing another person access, or divulging such information is cause for disciplinary action up to and including termination of employment.

**FERPA prohibits the improper disclosure of personal identifiable information derived from education records.**

I have read the above employee confidentiality statement and accept the responsibility to preserve the confidentiality of privileged and sensitive information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Signature Date