

Tutor Application Form

Fall 2006

Please be sure to PRINT all the information below:

Name: _____ Date: _____

Student ID number: _____ Email: _____

Campus or local address: _____ Phone(s): _____

Permanent address: _____

Major: _____ GPA: _____ Year you expect to graduate: _____

Have you previously worked for Siena College? _____ Yes _____ No

If yes, what office? _____

Course(s) you wish to tutor:

Course number _____ Grade _____ Year taken _____ Instructor _____

Course number _____ Grade _____ Year taken _____ Instructor _____

Course number _____ Grade _____ Year taken _____ Instructor _____

Course number _____ Grade _____ Year taken _____ Instructor _____

Please list your availability:

DAY	START TIME	END TIME	START TIME	END TIME
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

Please return this form to the Office of Tutoring Services,
Standish Library, Lower Level, Room L05.

If you have any questions about tutoring, contact Tutoring Services at
tutoring@Siena.edu or leave a message at 789-5769.