I want to be a Tutor!

Name:		
Major:		_ Class (circle one): SR JR SO FR
E-mail:		Box Number:
Cell Phone Numbe	er:	
Do you give permi	ission for the person	seeking a tutor to contact you by phone?
	Tes Yes	□ No
Subject(s) I would like to tutor (include course numbers and titles if relevant):		
Are you willing to	do small group tutori TYes	ing? Check one
for their son/daug		sidents in the community seeking a tutor willing to tutor any of the following group
Elementary:	🗆 Yes	□ No
Junior high:	🗆 Yes	No
High school:	Tes Yes	□ No
I am interested in tutoring in: Check one		
Fall 2015	Spring 2016	Both fall and spring semesters
Please print your completed application and get a faculty member to sign to support your application to the tutoring program.		
Faculty Signature:		
Student Signature	:	
campus mail to	the Academic Resource	eonard, Director of Academic Advising, via e Center - Crawford Hall. If you have any <u>utoring@gcc.edu</u> or call her at 724-458-3306.