Office of Student Development and Academic Counseling

Tutor Application 2014-2015

Applicant Information

Full Name: ___________________________ Date: __________

Last    First    M.I.

Address: ____________________________________________

Street Address: ____________________________________ Apartment/Unit #

City: ___________________ State: ___________ ZIP Code: ___________

Phone: ______________________ Email: ______________________

Date Available: ___________ Banner ID: ______________________

Position Applied for:

Fall Semester
☐ Anatomy
☐ Biochemistry
☐ Pharmacology
☐ Histology

Spring Semester
☐ Microbiology M1
☐ Neuroscience
☐ Physiology

M3 Courses
☐ Surgery Shelf
☐ Internal Medicine Shelf

Student Classification

☐ M1    ☐ M2    ☐ M3    ☐ M4    ☐ Graduate Student    ☐ Post Doc Student

Indicate the number of students you can adequately tutor per session:
☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5 or more

Academic References

Please list three professional references from Brody Faculty.

Full Name: ___________________________ Title: ___________
Course: ___________________________ Phone: ___________
Address: ___________________________

Full Name: ___________________________ Title: ___________
Course: ___________________________ Phone: ___________
Address: ___________________________

Full Name: ___________________________ Title: ___________
Course: ___________________________ Phone: ___________
Address: ___________________________
Employment History

Are you currently working in another department on campus?  ☐ Yes  ☐ No

If yes, list department(s) and supervisor(s)

1.  
2.  

Previous tutoring/teaching experiences (list subject matter, dates, department/employer)

1.  
2.  
3.  

Why are you interested in this position and why do you feel that you would be a good choice?

Describe any previous “teaching experience” you have had.

What is your definition of academic success?

Disclaimer and Signature

_I certify that my answers are true and complete to the best of my knowledge._

Signature: ___________________________  Date: ____________________

Please return the completed application and other requested material to:

Alycia Smith
Office of Student Development and Academic Counseling
4N51 Brody Medical Sciences Building
(252) 744-2500