

## Kutztown University Tutoring Services Employment Application

Office Use Only	
Sub	Proc
640 _____	_____
660 _____	_____
670 _____	_____

**PLEASE PROVIDE ALL INFORMATION REQUESTED TO AVOID DELAYS IN PROCESSING**

**Please check all that apply:**

Classroom Helper    Supplemental Instructor    Peer Tutor    Lab Tutor for:

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
 Full KU Email Address: \_\_\_\_\_ Major: \_\_\_\_\_ Credits Completed: \_\_\_\_\_  
 GPA in Major: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

**Permanent Home Address**

Street: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Kutztown Address**

Street/Dorm Information: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Have you been previously employed on campus?  Yes    No

Do you currently have another job on campus?  Yes    No   If yes, please name the department: \_\_\_\_\_

Total hours available to work: (Max = 10)									
	Course Name	Code	Section	Instructor	Day(s)/ Times	Grade Earned & Year Taken	Tutored Previously?		If Supplemental Instructor
<b>SI AND Classroom Helper *</b>						Grade: Year:	<input type="checkbox"/> Yes	<input type="checkbox"/> No Attached Referral is Req'd	Available for Peer Tutoring? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Classroom Helper ONLY *</b>						<b>NA</b>			
<b>Peer 1 **</b>					<b>NA</b>				<b>NA</b>
<b>Peer 2 **</b>					<b>NA</b>				
<b>Peer 3 **</b>					<b>NA</b>				

\* **SI and Classroom Helpers:** Once your completed application has been processed, you will receive an email from Tutoring Services through D2L. You will be expected to go into D2L and complete the policy module within two business days of being registered in D2L.

\*\* **Peer Tutors:** Once the Tutoring Services office has a tutee to match you with, you will be sent an email from Tutoring Services through D2L. You must go into D2L and complete the policy module within one business day, you will then be matched with the tutee.

**If professor referral is needed,** please print the second page of this form for them to fill out and return to the Tutoring Services office in Rohrbach Library (RL) 27.

This form can be returned to Tutoring Services @: [tutor@kutztown.edu](mailto:tutor@kutztown.edu) .

# Kutztown University Tutoring Services

## Professor Referral

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

### Professor Referral

I, \_\_\_\_\_, of the \_\_\_\_\_ Department,

recommend \_\_\_\_\_ to tutor the following subject(s):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Professor Referral

I, \_\_\_\_\_, of the \_\_\_\_\_ Department,

recommend \_\_\_\_\_ to tutor the following subject(s):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_