



Learning Assistance Center Tutor Application

Please Print Clearly

Name _____
Last
First
Middle

_____ **GTCC Student ID Number**

_____ **Telephone Number - Home**

_____ **Email Address**

_____ **Telephone Number - Cell**

Are you enrolled in CO-OP? ____Yes ____No

Are you 17 years of age or older? ____Yes ____No

Tutors must have received an **A** or **B** in the equivalent of any course they wish to tutor and must receive a recommendation from their instructor. Occasionally students may be allowed to tutor in a course they are currently enrolled in if recommended by their instructor. Once a student has applied to be a tutor, the Learning Assistance Center will send recommendation forms to appropriate instructors.

Course(s) you are qualified to tutor:

Course Prefix & Number	Course Name	Grade	Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE USE	
APPROVAL	
Sent	Rec'd
_____	_____
_____	_____
_____	_____
_____	_____

Courses you are currently taking:

Course Prefix & Number	Course Name	Instructor	Time	Days
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____ **Signature**

_____ **Date**

PLEASE COMPLETE THE SCHEDULE ON THE BACK OF THIS SHEET.

Name _____

Course Prefix & Number _____

Please fill in your schedule with the indicators that follow. *Make sure every block is filled with a CT, FREE, or X!*

- CT = class time
- FREE = time available to tutor
- X = times not available

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 - 9:00					
9:00 - 10:00					
10:00 - 11:00					
11:00 - 12:00					
12:00 - 1:00					
1:00 - 2:00					
2:00 - 3:00					
3:00 - 4:00					
4:00 - 5:00					
5:00 - 6:00					
6:00 - 7:00					

OFFICE USE ONLY:
