

PLEASE RETURN THIS FORM TO THE ACADEMIC SUPPORT & ENRICHMENT CENTER (DOANE 102) OR
VIA E-MAIL TO payne@denison.edu BY MONDAY, APRIL 13, 2009

Denison University Tutoring Program Returning Tutor Application

(Please Print) Name _____ E-Mail _____ Class Year _____

Major(s) _____ Minor(s) _____ Denison ID # _____

Department(s) in which you have tutored _____

Name of Professor(s) who nominated you _____

GPA in Major(s) _____ Cumulative GPA _____

Courses Eligible to Tutor:

(Please list the course(s) for which you were nominated to tutor. In parentheses, include those courses for which you might not have been nominated, but which you have successfully completed and feel comfortable tutoring)

<u>Course Number</u>	<u>Course Name</u>	<u>Professor</u>	<u>Semester Completed</u>

1. Please give a brief description of your experience tutoring at Denison, including both positive aspects and challenges.

2. Why do you want to continue tutoring at Denison?

3. Please list the activities with which you will be involved on campus during the '09-'10 academic year and estimate the number of hours/week you spend on each commitment (e.g. Resident Assistant – 7 hrs/wk.)

4. How many hours can you commit to working as a tutor?

Fall Semester '09: _____ hours/week Spring Semester '10: _____ hours/week

As a Returning Tutor, I will attend the last half of New Tutor Training* on: _____ Monday, 4/20, 5:30-6:30 pm
OR

*Both training sessions will be held in the Slayter Auditorium _____ Thursday, 4/23, 12:30-1:30 pm