**University of Akron Wayne College**



**Smucker Learning Center**

**Peer Tutoring Application Packet**

**General Instructions**

Thank you for your interest in our peer tutoring program. Please complete the following application information and return the completed packet to the Smucker Learning Center in B-107. If you have questions, contact the Smucker Learning Center at 330-684-8960.

**Qualifications**: Applicants must have a minimum grade of B in any classes they wish to tutor.  Peer tutors must be enrolled as full time students to qualify for Smucker Learning Center jobs. If your enrollment status drops below full-time at any point during the semester, your employment will be terminated immediately.  Mandatory tutor training sessions are held before the beginning of each semester and must be completed prior to scheduling student tutoring sessions.

**Referral Forms**: Please provide two referral forms completed by individuals who can speak to your qualifications for a tutoring position. The Faculty Referral Form must be completed by a faculty member in the subject area you wish to tutor. The Character Referral Form should be completed by a non-related individual who can speak to your interpersonal and/or academic skills. Use the attached forms, which may be supplemented with an additional letter of recommendation.

**Only applicants who submit a complete packet will be considered for an interview.** Those selected for an interview will be contacted via email or phone.

Hiring decisions will be based on program needs and the qualification of the applicants.

**Your packet should contain the following completed materials:**

* Peer Tutor Application
* Resume
* Cover Letter
* Faculty Referral Form
* Academic Transcript (Unofficial transcripts can be printed through MyAkron.)

**Peer Tutor Application**

**General Information**

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UAkron ID Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic History**

Major/Intended Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Rank (circle one): Freshman Sophomore Junior Senior

GPA at University of Akron: \_\_\_\_\_\_\_\_\_\_\_\_ Credits Completed: \_\_\_\_\_\_\_\_\_\_\_\_

Hours enrolled during current/upcoming semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability**

Are you able to work in the evenings? Yes No

Are you able to work on Saturdays? Yes No

Are you eligible for work-study? Yes No

**Courses**

Please list the courses you are eligible to tutor. Include the grade you received in the course and the instructor’s name.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University of Akron Wayne College**

**Smucker Learning Center**

**Peer Tutor Application Faculty Referral Form**

*To be completed by the student:*

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have applied to tutor the following courses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do \_\_\_\_\_\_ do not \_\_\_\_\_\_ waive the right to examine the statements entered on this form.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To be completed by the faculty member: Please share your opinion of this student’s qualifications for a tutor position. For comparative assessment, please check the boxes below. If you feel we should know any additional information that could be used in the hiring decision, attach your written comments on an additional sheet of paper or on the back of this form.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Exceptional | Above Average | Average | Below Average | Unable to Judge |
| Quality of Academic Work |  |  |  |  |  |
| Reliability/Punctuality |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |
| Relates Well to Others |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| **Overall Suitability for the Tutoring Position** |  |  |  |  |  |

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

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this student? \_\_\_\_\_\_\_ In what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return the completed form and any attachments to The Smucker Learning Center.