

Central Michigan University
Mathematics Assistance Center
Tutor Application

Date: _____

Name: _____ Student ID#: _____

First Middle Last

Local Address: _____ Local Phone: _____

_____ Email Address: _____

Classification? Frosh. Soph. Junior Senior Grad. Expected Graduation Date: _____

Major: _____ Minor: _____

Cumulative GPA: _____ Total # of Credits Taken: _____

Are you a full time student? Yes No

Are you working for another department on campus? Yes No If so, please indicate:

Department: _____

Which semester(s) are you applying to work for? Fall Spring Year: _____

What is the maximum number of hours per week you are available to work? _____

Briefly explain why you would like to tutor:

List all college math courses taken, and provide the instructors name and grade received.

Math Course

Instructor

Grade

Applicant's Signature: _____ Date: _____

Central Michigan University
Mathematics Assistance Center
Tutor Application

STUDENT RECOMMENDATION FORM
TO BE FILL OUT BY A CMU FACULTY MEMBER

Math Course(s) in which the student is recommended to tutor:

Comments: _____

Faculty Name (please print): _____ Phone _____

Faculty Signature: _____ Date _____

.....