



University of Arkansas
Office of Student-Athlete Success
Tutor Application
 Empower • Enhance • Equip

Name (First and Last): _____

UARK ID Number: _____

Email Address: _____

Phone Number: _____

Other Email Address: _____

Current Classification:

Semester Standing:

Major: _____

Minor (if applicable): _____

Credit Hours Earned*: _____

Cumulative GPA**: _____

*Must have earned 30 hours of college credit to be considered

**3.0 cumulative GPA required

Do you have a current work study position?

If yes, where on campus? _____

If you're a graduate student, are you currently on a graduate assistantship?

If yes, where on campus? _____

Do you have experience tutoring?

If yes, when and where? _____

Supervisor's Name: _____

Supervisor's Phone Number or Email Address: _____

May we contact this employer? _____

Which semesters are you interested in tutoring? (check all that apply)

Fall Spring Summer

Which days/times are you available to work?

(continued)

List classes or content areas you would like to tutor:

Reference 1: U of A Professor of a course you would like to tutor

Name: _____

Position Title/Campus Department: _____

Email: _____ Phone Number: _____

Reference 2:

Name: _____

Position Title/Campus Department: _____

Email: _____ Phone Number: _____

By submitting this application, I confirm that the information provided on this sheet is accurate. I give the Tutor Coordinator and/or designee permission to verify my academic history and references for the purpose of the tutor application review verification.

Signature

Date

Please submit completed application to athtutor@uark.edu

or mail to

ATTN: Tutor Coordinator
1229 S. Meadow ST
Fayetteville, AR 72701