

# APPLICATION FOR TUTORING

Center for Academic Development and Learning/State University of New York at New Paltz

Old Main B-1  
(845) 257 3580

**PLEASE USE THE NAME THAT APPEARS ON YOUR COLLEGE ID CARD.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

SS# \_ \_ \_ \_ \_

Level:

Sex:

Local Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_@\_\_\_\_\_ Cell phone \_\_\_\_\_

1. Have you ever received tutoring from this Center before?
2. Did either of your parents/step-parents graduate from a four-year college? (If you live(d) with one parent, click N/A for the other.)

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

3. Is English your first language?
4. Are you in the Educational Opportunity Program?
- 5A. Do you have a learning disability?                      5B. Do you have a physical disability?
6. Who referred you? \_\_\_\_\_
7. Are you a U.S. citizen?                      A permanent resident of the U.S.?

8. Student signature \_\_\_\_\_

9. List the course(s) for which you are requesting tutoring:

For Office Use					Course Name	Course Number/Section	Instructor
G	F	EM	SN	TN			

10. Please show **ALL** hours you will be available for tutoring; select XXX for the hours you are NOT available.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

FOR OFFICE USE				
TUTOR	DAY	TIME	COURSE	START DATE