

**TUTOR MINIMUM QUALIFICATIONS**

1. CURRENT ENROLLMENT AT CSU, FRESNO
2. ENROLLMENT IN A MINIMUM OF SIX UNDERGRADUATE UNITS OR FOUR GRADUATE UNITS
3. CUMULATIVE GRADE POINT AVERAGE OF 3.0 ON A 4.0 SCALE
4. MUST HAVE OBTAINED A "B" OR BETTER IN THE CLASS(ES) YOU WISH TO TUTOR
5. SOPHOMORE STANDING
6. ATTEND MANDATORY ORIENTATION
7. ATTEND CRLA CERTIFIED TUTOR TRAINING SESSIONS

**THE FOLLOWING ITEMS ARE REQUIRED FOR ALL APPLICATIONS**

APPLICATIONS MISSING ANY OF THE ITEMS A-D BELOW MAY NOT BE CONSIDERED

- \_\_\_ A - COMPLETED LEARNING CENTER TUTOR APPLICATION
- \_\_\_ B - COPY OF MOST RECENT UNOFFICIAL TRANSCRIPT (PRINTED OFF FROM MYFRESNOSTATE)
- \_\_\_ C - A COPY OF YOUR CLASS SCHEDULE (PRINTED OFF FROM YOUR MYFRESNOSTATE) ALONG WITH ANY ADDITIONAL TIME OBLIGATIONS
- \_\_\_ **D** - ONE FACULTY RECOMMENDATION FOR EACH SUBJECT AREA YOU WISH TO TUTOR

**IT IS PERMISSIBLE FOR THE APPLICATION TO BE TURNED IN BEFORE THE LEARNING CENTER RECEIVES THE FACULTY RECOMMENDATION**

**TERMS OF EMPLOYMENT**

YOU WILL BE CONTACTED WITHIN TWO WEEKS OF SUBMITTING AN APPLICATION VIA EMAIL.

NON-NEGOTIABLE STARTING WAGE AT \$10.00 PER HOUR. EMPLOYMENT IS FOR ONE SEMESTER, WITH SUBSEQUENT EMPLOYMENT CONTINGENT UPON SATISFACTORY PERFORMANCE, ATTENDANCE AT THE ORIENTATION, ATTENDANCE AT ANY MANDATORY TUTOR TRAINING SESSIONS, AND SUPERVISOR EVALUATION.

CONTACT: WILLIAM HARDAWAY, ACADEMIC SUPPORT COORDINATOR  
PHONE: 559.278.3052 FAX: 278.7460  
WWW.CSUFRESNO.EDU/LEARNINGCENTER

HENRY MADDEN LIBRARY, COLLECTION LEVEL (BASEMENT)  
5200 N. BARTON AVE. FRESNO CA, 93740 M/S - ML44  
DIVISION STUDENT AFFAIRS 9/10/11

**TUTOR - Fill out entire application - (Print)**

STUDENT ASSISTANT-Fill out only with  (Print)

Date: \_\_\_\_\_

Campus ID Number: \_\_\_\_\_

Last Name *(as it appears on social security card)* \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Local Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone \_\_\_\_\_ MSG/Cell Phone \_\_\_\_\_

LC prefers you use your Fresno State email address. You check your email: [ ] Daily [ ] Rarely

Fresno State EMAIL: \_\_\_\_\_

Alternate EMAIL \_\_\_\_\_

**EDUCATION**

Year In School: [ ] Freshmen [ ] Sophomore [ ] Junior [ ] Senior [ ] Post grad/Graduate

Major: \_\_\_\_\_

Units Enrolled In: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Expected Semester and Year of Graduation: \_\_\_\_\_

**TUTORING**

**Primary Tutoring Subject(s):** Note, you must have received a "B" or better in each course.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**Alternative tutoring subjects:** I am qualified to tutor in the following courses.

Be sure to **include course numbers**

SUBJECT	Course #

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**CONSENT & GENERAL INFORMATION**

Are you currently employed on campus? [ ] Yes [ ] No Where? \_\_\_\_\_

If yes, how many hours per week? \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

How many hours are you available to work for the Learning Center? \_\_\_\_\_ Are you eligible for Work Study? [ ] Yes [ ] No

**When considering my application** the Learning Center professional staff has permission to download my class schedule to verify my availability: Yes: \_\_\_\_\_ No: \_\_\_\_\_ **Initials:** \_\_\_\_\_

**OFFICE USE ONLY**

Start Date: \_\_\_\_\_

**Status:**  Returning  
 New Hire  
 Work Study  
 Other:

**Fund:**  
 LC  Bridge LC  
 SI  Bridge SI  
 SN  Bridge SN  
 EOP  Bridge EOP  
 \*Other

\***OTHER:** \_\_\_\_\_

**Center(s):** \_\_\_\_\_

Pay Rate: \_\_\_\_\_

**I-9:** \_\_\_\_\_

Excel Sheet: \_\_\_\_\_  
Status Sheet: \_\_\_\_\_  
Confidentiality sheet \_\_\_\_\_  
Schedule: \_\_\_\_\_  
Faculty Check: \_\_\_\_\_  
M \_\_\_\_\_ F \_\_\_\_\_

- \_\_\_\_ Contract
- \_\_\_\_ Picture
- \_\_\_\_ Picture TutorTrac
- \_\_\_\_ TutorTrac
- \_\_\_\_ Mail Box
- \_\_\_\_ Name Tag
- \_\_\_\_ Folder
- \_\_\_\_ OSHA
- \_\_\_\_ People Soft & Check \_\_\_\_\_
- \_\_\_\_ Employed on campus Hr.

**CONSENT & GENERAL INFORMATION**

**WORK EXPERIENCE**

**Position**

**Organization**

**Dates of Employment**

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list at least three professional references along with their contact information:

Name

Email

Phone Number

1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____

**WHY DO YOU FEEL QUALIFIED TO BE A TUTOR OR STUDENT ASSISTANT?**

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

I certify that the information submitted in this application is correct.

Sign: \_\_\_\_\_

**OFFICE USE ONLY**

Date

Comments

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**CONTACT: WILLIAM HARDAWAY, ACADEMIC SUPPORT COORDINATOR**

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# LEARNING CENTER

Dear Faculty Member,

This student has applied for a tutoring position with the Learning Center.

The Learning Center provides quality services and programs including tutoring, workshops and consultation to the students, faculty, and staff of the CSUF community. To help ensure that students receive high quality services, we would like for you to provide candid feedback regarding this applicant and their tutoring potential.

We appreciate your feedback. Please let us know how we can assist you and your students.

**Contact:** William Hardaway, Academic Support Coordinator  
Phone: 559.278.3052 FAX: 559.278.7460  
Henry Madden Library, Collection Level (Basement)  
5200 N. Barton Ave. Fresno CA, 93740 M/S ML44  
[www.csufresno.edu/learningcenter](http://www.csufresno.edu/learningcenter)

# Faculty Recommendation

Contact:

William Hardaway, Academic Support Coordinator  
 Henry Madden Library, Collection Level (Basement)  
 5200 N. Barton Ave. Fresno CA, 93740 M/S ML44  
 Phone: 559.278.3052 Fax: 559.278.7460  
**www.csufresno.edu/learningcenter**

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student: \_\_\_\_\_  
 (Print)

Subject(s)/Course Applying to Tutor: \_\_\_\_\_

**Faculty for Requested Recommendation:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 (Print)

Course(s) taken with this professor and dates:

\_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty Recommendation/Evaluation:** (Please evaluate the student's ability to serve as a peer tutor)

	Fair	Average	Above Average	Superior	Unable to Evaluate
A. Knowledge of Subject:	1	2	3	4	0
B. Academic Maturity:	1	2	3	4	0
C. Verbal Communication Skills:	1	2	3	4	0
D. Potential to Teach:	1	2	3	4	0
E. Interaction with other Students:	1	2	3	4	0

**Additional Comments:**

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

- I highly recommend this student for the position of tutor.
- I recommend this student for the position of tutor with reservation.
- I do not recommend this student for the position of tutor.

Faculty signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Faculty may we contact you for further information regarding this applicant?  Yes  No