

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

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

APPLICATIONS MISSING ANY OF THE ABOVE ITEMS MAY NOT BE CONSIDERED,

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

TERMS OF EMPLOYMENT

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. **YOU WILL BE CONTACTED WITHIN TWO WEEKS OF SUBMITTING AN APPLICATION VIA EMAIL. FORM FOR YOUR RECORDS ONLY**

HENRY MADDEN LIBRARY 559.278.3052 FAX-278.7460

WWW.CSUFRESNO.EDU/LEARNINGCENTER

DIVISION OF STUDENT AFFAIRS

Date: _____

APPLICATION

_____ Gender: Male Female
 Campus ID Number: _____

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

Primary EMAIL: _____
 (Learning Center prefers you use the CSU Fresno email address) Check: Daily Rarely

Alternate EMAIL: _____

_____ City: _____ Zip Code: _____
 (Local Address)

Telephone: _____ MSG/Cell Phone: _____

OFFICE USE ONLY

Start Date: _____

Status: Returning
 New Hire
 Work Study
 Other: _____

Fund: UTS
 EOP
 SI
 Other: _____

Center(s): _____

Pay Rate: _____

I-9: _____

TutorTrac _____
 Contract _____
 Mail Box _____

EDUCATION

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

Expected Semester and Year of Graduation: _____

Units Enrolled In: _____ Major: _____ Cumulative GPA: _____

TUTORING

Primary Tutoring Subject: _____

Alternative tutoring subjects: I am qualified to tutor in the following subjects. *Be sure to include course numbers.*
 (Note: You must have received a B or better in each course):

SUBJECT	Course #

SUBJECT	Course #

GENERAL INFORMATION AND CONSENT

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

Are you currently employed on campus? Yes No Where? _____

If yes, how many hours per week? _____

How many hours are you available to work for the Learning Center? _____ Are you eligible for Work Study? Yes No

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?

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

Signed: _____

OFFICE USE ONLY

Date	Comments
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Faculty Recommendation

California State University, Fresno
 Learning Center
 559.278.3052
 Fax 559.278.7460

APPLICANT:

Name: _____ **Campus ID:** _____

Subject(s) or course applying to tutor: _____

FACULTY:

Recommendation requested from:

Name: _____ **Position:** _____

Course(s) taken with this professor and dates:

Please evaluate the student's ability to serve as a peer tutor

	Fair	Average	Above Average	Superior	Inable to Evaluate
1. Knowledge of Subject:	1	2	3	4	0
2. Academic Maturity:	1	2	3	4	0
3. Verbal Communication Skills:	1	2	3	4	0
4. Potential to Teach:	1	2	3	4	0
5. 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.

May we contact you for further information regarding this applicant? [] Yes [] No

Signature: _____ **Date:** _____

Print Name: _____

Phone: _____ Email: _____