

TUTOR APPLICATION

TUTORING and WRITING CENTER
THE LEARNING COMMONS – ROOM 100

Name of Applicant: _____ Phone Number: _____

NCC Student ID # _____ Email Address: _____
(If applying as a Peer tutor)

Please Check One: Adjunct Faculty ___ Community Member ___ Peer Tutor ___
Peer Tutors must have faculty recommendation | Community members must submit a resume

1.) Please indicate the subject areas you are interested in:

Subject _____ Subject _____

2.) Please submit your schedule:

Place a checkmark (✓) in the days and times that you are available for tutoring.

	Monday	Tuesday	Wednesday	Thursday	Friday
8 – 8:50					
9 – 9:50					
10 – 10:50					
11 – 11:50					
12 – 12:50					
1 – 1:50					
2 – 2:50					
3 – 3:50					
4 – 4:50					
5 – 5:50					
Evening Hours					

3.) What is your educational background? (List all degrees and relevant courses)

Degree Earned: _____

Relevant Coursework: _____

4.) List your previous or current employment:

Employer #1 _____ Supervisor's Name _____

Job Description _____ Dates of Employment _____

Employer #2 _____ Supervisor's Name _____

Job Description _____ Supervisor's Name _____

5.) References (please provide name, phone number, and e-mail address)

Current Supervisor's Contact: _____

Other: _____

6.) Briefly discuss why you would like to tutor and what attributes will contribute to your success.

For NCC Student Applicants Only:

NCC student applicants must have CGPA of 3.0 or better and have a faculty member sign his/her name to support your ability and knowledge of content.

Subject _____ Instructor Reference Signature _____

Subject _____ Instructor Reference Signature _____

Nashua Community College is an equal opportunity employer. Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.

By signing below, you certify that all of the information you have provided is accurate and up-to-date. You have not willfully misrepresented or omitted any information.

Signature of Applicant: _____

Date: _____

Please return your completed application to: Room 100
Jodi Leah Quinn – Coordinator of the Learning Commons
603-578-8930 --- ncclc@ccsnh.edu

OFFICE USE ONLY

Process date:

Hire: ___Y ___N

Student CGPA:

Reference contact:

Hire date:

Orientation date:

Payroll W-4, I-9:

NCC Policies/Contract:

COMMENTS: _____
