

# PIKEVILLE COLLEGE TUTOR APPLICATION FORM

*Please fill our front and back of this form*

Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Resident Status:  Resident  Commuter  Other (*specify*): \_\_\_\_\_  
Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Advisor: \_\_\_\_\_ Classification:  Freshman  Sophomore  Junior  Senior

Are you on the Pikeville College Work study Program?  Yes  No (*Check one*)  
If Yes, how many hours per week? \_\_\_\_\_

Please list specific Pikeville College courses you can tutor. Please use current course abbreviations. (Example: MTH 111, College Algebra).

Number	Name

Number	Name

What kind of sessions would you prefer?  Individual  Group  Both (*Check one*)

Please list other special skills you may have (Example: Software proficiencies or other tutoring experience).

---

---

---

Please list any extracurricular activities you are currently involved in.

---

---

---

**Please read the following statement and answer appropriately.**

I give permission for the Tutoring Center to obtain a copy of my transcript from the Registrar's Office to be used for tutoring purposes.  Yes  No (*Check one*)

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

## TUTORING SCHEDULE

*Please cross out with an X the time periods that you can NOT be available for tutoring.*

**Term:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30 AM					
9:00 AM					
9:30 AM					
10:00 AM					
10:30 AM					
11:00 AM					
11:30 AM					
12:00 PM					
12:30 PM					
1:00 PM					
1:30 PM					
2:00 PM					
2:30 PM					
3:00 PM					
3:30 PM					
4:00 PM					
4:30 PM					
5:00 PM					