

**Division of Campus Residence
Department of Residential Programs
Residential Tutor Application**

PLEASE PRINT NEATLY

Name: _____ ID#: _____

Last
Middle
First

Campus Address: _____

Residence Hall
Room #
Telephone #

Permanent Address: _____
No. / Street / Apt.

_____ () _____

City
State
Zip Code
Telephone #

E-mail address: _____

Cumulative GPA: _____

Class Year (i.e. U3, U4): _____ Semesters at Stony Brook University: _____

Major(s): _____ Minor(s): _____

List all the courses you have taken at Stony Brook University that you may want to tutor: (additional courses can be added if not ample space)

Course Title/Code No.	Semester Taken	Grade

Experiences in student teaching and tutoring:

Employment and other time commitments for the current and upcoming semester (e.g. jobs, student teaching, research, etc.). Please include the number of hours you anticipate to be working in any of these areas:

List the name and telephone number of the person who we can contact for references if needed:

Name	Telephone number	Relationship to applicant

*Please attach a personal statement to explain your personal goals and expectations in regard to this position.

Name: _____ Phone: _____

(Please Print Clearly)
(Please Print Clearly)

Please e-mail application to: acarr@notes.cc.sunysb.edu