To be completed by tutor applicant

Tutor Applicant Name: ________________________________

Subject applying to tutor: ________________________________

Term tutor subject was taken: (circle one)  Fall  Spring  Summer  Year ____________

Grade achieved in tutor subject: ________________________________

Campus: (circle one)  Cleburne  Hillsboro

To be completed by applicants former instructor for the subject to be tutored

Instructor Name: ________________________________
(and signature) __________________________________________

Date: ________________________________________________

Did this student demonstrate good attendance while in your class? ________________

Did this student demonstrate good study habits and test preparation while in your class? ________________

Did this student demonstrate mastery of the subject while in your class? ________________

Would you recommend this student as a tutor for the identified subject? ________________

Please return this form via interoffice mail, to the Counseling Center for the campus identified in the top portion of this form. Thank YOU for helping us place quality tutors with students who need this valuable support!