

TUTOR APPLICATION

Name:
Preferred Telephone Number:
Marian University E-mail:
Major:
Freshman Sophomore Junior Senior

In the space provided below, please list all courses for which you are interested in tutoring. Please have the course instructor sign for approval, and then return this form to the appropriate supervisor.

Course Name	Course #	Recommended by OR, Instructor's Signature

I understand and agree to fulfill all tutor responsibilities as identified in the tutor application brochure.

Student Signature Date

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