

Peer Instructor Application Form

Date: _____

Name _____ Phone: _____ Date: _____

Address: _____ MNU Box No. _____
Resident Hall No./Apt. or street City, State, Zip

Permanent Address: _____ City _____

Summer Phone _____ State/Zip _____

MNU Email Address: _____ How often do you check email? _____

Year in School: Freshman Sophomore Junior Non-Graduating Senior

Area of Study: Major _____ Minor _____

Do you plan to teach? _____ If so, at what level? _____

Please answer the following questions, use back if necessary.

1. Why do you wish to tutor?

2. Why do you feel you will be a successful peer instructor?

3. The usual number of hours that peer instructors have worked per week have ranged from 3 to 7 hours in the past. How much time would you be willing to give to the tutoring program?

4. Would you have interest in leading a study group during the semester?

5. What courses do you feel capable of tutoring in/prefer to tutor in? (You are required to have completed the course or taken a C.L.E.P. exam that completes the requirements for the course.)

Subject: _____ Subject: _____ Subject: _____

Course: _____ Course: _____ Course: _____

Course: _____ Course: _____

Course: _____ Course: _____ Course: _____ Course: _____