

SUNY SCHENECTADY COUNTY COMMUNITY COLLEGE

Academic Services Peer Tutor Application

Thank you for your interest in becoming a tutor for our SUNY Schenectady students! Please complete the information below, and our office will contact you regarding your application.

Last Name	First Name	SUNY SCCC ID#
E-mail Address		Phone #
Mailing Address (Street, City, State/Zip):		
Major/Tutor Content Area(s)		Previous Semester GPA

Course(s) you are interested in tutoring

Subject Area	Course Name/Code	Semester you took this course	Grade you Received	Which Professor is recommending you? **

**Please attach faculty recommendation(s) if you have one

Availability

Please check off which days/times you would be available for tutoring and note the maximum number of hours you're willing to work at the bottom

Time(s)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00am – 9:00am						
9:00am – 10:00am						
10:00am - 11:00am						
11:00am – 12:00pm						
12:00pm – 1:00pm						
1:00pm – 2:00pm						
2:00pm – 3:00pm						
3:00pm – 4:00pm						
4:00pm – 5:00pm						
5:00pm – 6:00pm						
6:00pm – 7:00pm						

Total # of tutoring hours preferred each week: _____

Signature: _____ Date: _____