KINGSBOROUGH
COMMUNITY COLLEGE
★ DREAMS BEGIN HERE ★

Kingsborough Learning Center
Tutor Application

Date: _____

Empl ID: _____   **Phone#:** _____

Last Name: _____

First Name: _____

Email: _____ _____

**Semester interested in tutoring students' ____ _____
20_____**

Have you tutored for Tutorial Services Previously? ○ Yes ○ No

Level of education: ○ MA or MS   ○ BA or BS   ○ AA AS or AAS

○ 64 credits or more   ○ Some college credit

Are you currently enrolled in a college? If yes, please indicate_____

Are you a full-time student? ○ Yes   ○ No

Please check off the box that applies to your work status

○ U.S. Citizen   ○ Permanent Resident   ○ Student Visa

Please list all the courses according to preference for which you are interested in tutoring.

1._____ 2._____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Please list your availability to tutor students (M-F 9:00 am- 8:00 pm)

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