

Math Tutor Application

Please print or type. Complete and submit to
 Jeff Herrin Cooper Campus, Moloney Building, Suite 114 or
 Newtown Campus, Classroom Building 311R
 Or via email to Jeff.Herrin@kctcs.edu



Tutoring for Spring 2017

Basic Information:

Name: _____ Phone: _____

Email: _____ Cell: _____

Address: _____

PeopleSoft ID number : _____

Education Information:

Classification: Sophomore Junior Senior Grad Student Other _____

Current Institution: _____ Major: _____

Cumulative GPA: _____ Graduation Date (expected): _____

Highest Degree currently held _____ Major _____

Institution _____

Math Background: *Please complete the information for the following courses. If you have not taken a course, write n/a under Final Grade.*

Course Name	Number (UK number if different)	Final Grade	Institution	Approx Date
College Algebra	MAT150 (MA109)	_____	_____	_____
Contemporary Math	MA111 (same)	_____	_____	_____
Applied Calculus	MAT170 (MA123)	_____	_____	_____
Trigonometry	MAT155 (MA112)	_____	_____	_____
Calculus I	MA113	_____	_____	_____
Calculus II	MA114	_____	_____	_____
Calculus III	MA213	_____	_____	_____
Calculus IV	MA214	_____	_____	_____
Finite Mathematics	MA162	_____	_____	_____
Statistics	STA210/215/220	_____	_____	_____
Statistical Methods	STA291/296	_____	_____	_____

I have the necessary knowledge and would like to tutor Statistics. YES NO (Please circle one)

I have the necessary knowledge and would like to tutor MA 111. YES NO (Please circle one)

Experience: Please list experience related to tutoring, if any.

(1) Title: _____	(2) Title: _____
Employer: _____	Employer: _____
Description: _____	Description: _____
Begin Date/End Date: _____	Begin Date/End Date: _____

References: Please list at least one mathematics instructor that we may contact about your qualifications. You may also add any additional references in relation to the experience stated above.

<i>Mathematics Instructor:</i>	<i>Other:</i>
Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____

Availability:

Please list what times and campuses you would be willing to tutor this semester. More hours may be provided to those who are more flexible with times and locations.

CAMPUSES:	In Lexington:	Cooper Campus, Newtown Campus, Leestown Campus
	Out of Lexington:	Winchester, Lawrenceburg, Danville, Georgetown

<u>DAYS AVAILABLE</u>	<u>TIMES AVAILABLE</u>	<u>CAMPUS</u>
-----------------------	------------------------	---------------

Number of hours per week you wish to tutor (20 max) _____

If you wish to be placed on the private tutoring list, please provide the following information:

Phone # _____ E-mail Address _____ Hourly Rate _____

Courses you can tutor _____

Location(s) _____

I certify that all answers to the questions are true to the best of my knowledge. I authorize BCTC to make any and all-necessary and appropriate investigations to verify the information contained in this document.

Applicant Signature

Date