

# Math Tutor Application

**Please print or type.** Complete and submit to  
 Ana Leon, Moloney Building, Suite 114  
 Or via email to [Ana.Leon@kctcs.edu](mailto:Ana.Leon@kctcs.edu)



Tutoring for \_\_\_\_\_ Spring 2012 \_\_\_\_\_ Summer 2012 \_\_\_\_\_ Fall 2012  
 (Please check one)

## Basic Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

PeopleSoft ID number or Social Security number: \_\_\_\_\_

## Education Information:

Classification:            Sophomore      Junior      Senior      Grad Student      Other

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	(UK number)	Final Grade	Institution	Approx Date
College Algebra	(MA109)	_____	_____	_____
Contemporary Math	(MA111)	_____	_____	_____
Applied Calculus	(MA123)	_____	_____	_____
Calculus I	(MA113)	_____	_____	_____
Calculus II	(MA114)	_____	_____	_____
Calculus III	(MA213)	_____	_____	_____
Calculus IV	(MA214)	_____	_____	_____
Finite Mathematics	(MA162)	_____	_____	_____
Statistics	(STA200)	_____	_____	_____
Statistical Methods	(STA291)	_____	_____	_____

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, Regency Campus, Leestown Campus
	Out of Lexington:	Winchester Campus, Lawrenceburg Campus, Danville Campus

<u>DAYS AVAILABLE</u>	<u>TIMES AVAILABLE</u>	<u>CAMPUS</u>
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Number of hours per week you wish to tutor \_\_\_\_\_

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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