



# Marietta College

ACADEMIC RESOURCE CENTER

## PEER CONSULTANT APPLICATION

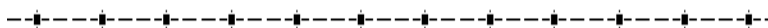
Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Primary Phone Number ( ) \_\_\_\_\_ Campus Mail Box \_\_\_\_\_

Marietta email address \_\_\_\_\_ @marietta.edu

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

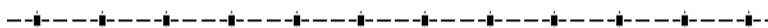
Emergency Contact Phone \_\_\_\_\_



Class standing (as of the semester you wish to tutor):  Fr.  So.  Jr.  Sr.  Grad

Major \_\_\_\_\_ Advisor \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Expected Graduation \_\_\_\_\_



Which position are you applying for?  Peer Writing Consultant (writing tutoring)  
 Peer Learning Consultant (subject-tutoring)\*

\*Peer Learning Consultants Only: please list the courses you would like to tutor, the grade you earned, and the instructor's name.

Course (e.g. Math 101)	Grade	Instructor

Are you seeking a paid or volunteer position?  Paid  Volunteer

Are you eligible for Federal Work-Study funding?  Yes, amount \_\_\_\_\_  No

Desired number of scheduled work hours per week \_\_\_\_\_

Will you have other employment while working for the Academic Resource Center?  Yes  No

If yes, where and for how many hours per week? \_\_\_\_\_

All Peer Consultants are required to complete mandatory training-for-certification sessions and staff meetings throughout each semester. Can you accommodate this commitment?  Yes  No

(Please complete next page)

Briefly explain why you would like to work for us \_\_\_\_\_

Please describe any previous tutoring/teaching experience or specialized training or skills related to this position \_\_\_\_\_

Please shade in the times that you could be available to work for the ARC this semester.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00 am							
10:30 am							
11:00 am							
11:30 am							
12:00 pm							
12:30 pm							
1:00 pm							
1:30 pm							
2:00 pm							
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4:00 pm							
4:30 pm							
5:00 pm							
5:30 pm							
6:00 pm							
6:30 pm							
7:00 pm							
7:30 pm							
8:00 pm							
8:30 pm							
9:00 pm							
9:30 pm							

**Faculty Recommendation**

Please provide the name of the faculty member who will complete a Tutoring Recommendation Form on your behalf \_\_\_\_\_

**AGREEMENT:** I hereby authorize the staff of the Academic Resource Center (ARC) to review my academic records and/or to contact relevant faculty and staff as appropriate in order to determine my qualification for this position. To the best of my knowledge, all information I have provided is true and accurate, and I understand that purposely falsifying information will disqualify me for employment.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**