

**University Of Louisiana at Lafayette**  
**Student-Athlete Academic Center (SAAC)**  
**PO Box 43606, Lafayette, LA 70504**  
**Office: 337/482-6830 Fax: 337/482-1443**

## Student-Athlete Academic Center Tutor Application Form

**Position Applied For:**  Tutor

**Semester Applied For:**  Fall  Spring Year: \_\_\_\_\_

*(Please check one)*

### Contact/Personal Information

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

Cell Phone: \_\_\_\_\_

ULID (C00-xxx-xxx): \_\_\_\_\_

University Email: \_\_\_\_\_@louisiana.edu

### Educational Information

**Classification** (Please select one)

Undergraduate:  FR  SO  JR  SR

Graduate  \*Do you currently hold a graduate assistant position? Yes  No

Expected Graduation Date \_\_\_\_\_

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_ GPA \_\_\_\_\_

### Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Morning, 8-12pm	XXXX					
Afternoon, 12-5pm	XXXX					XXXX
Evening, 5-9pm	*					XXXX

*SAAC Hours: M-TH 8-9pm, FRI 8-12pm, SAT Closed, SUN 6-8pm\**

### Subjects Tutored

*Please enter information for courses you would like to tutor. Please include course and course number.*

<i>Course</i> <small>(Ex. MATH 105)</small>	<i>Grade Received</i>	<i>Term &amp; Year Taken</i> <small>(Ex. Spring 2014)</small>
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		

**Additional Courses:**