

Academic Mentor Employment Application

Please complete all information

Date: Semester: Spring Fall Year

Section I. Application Information

1. Name:	<input type="text"/>
3. Dorm or Local address:	<input type="text"/>
4. Local Phone: (716) <input type="text"/> - <input type="text"/>	5. E-mail: <input type="text"/>
6. Permanent address (If different from above): <input type="text"/>	
7. Permanent telephone number (If different from above): (<input type="text"/>) <input type="text"/> - <input type="text"/>	

Section II. Educational Background

6. Academic Level: Freshman Sophomore Junior Senior Graduate

7. Your major: 7b. G.P.A. (cumulative):*

*Every application will be given full consideration. However, a G.P.A. of 3.0 or above will be given priority.

8. Please list the subjects you are qualified to tutor.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. List specific Buffalo State College courses that you would like to tutor. Please provide course names and numbers.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. What courses are you currently taking? Please provide course names and numbers.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Section III. Work/Campus Experience

11. List other jobs you currently hold on campus.

Position	Department
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- Please check the days and times that you are available to be an academic mentor with an "X".

Time/Day	Mon	Tue	Wed	Thu	Fri
9:00 - 10:00 a.m.	-----	-----	-----	-----	-----
10:00 - 11:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 - 12:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 - 1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-----
1:00 - 2:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-----
2:00 - 3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-----
3:00 - 4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-----
4:00 - 5:00	-----	-----	<input type="checkbox"/>	<input type="checkbox"/>	-----
5:00 - 6:00	-----	-----	<input type="checkbox"/>	<input type="checkbox"/>	-----
6:00 - 7:00	-----	-----	-----	-----	-----

Please print out this form, complete all information, and return to:

Academic Resource Center
Educational Opportunity Program
 South Wing 730
 Buffalo State College
 1300 Elmwood Avenue
 Buffalo NY 14222-1095