



# MIND Center Application for Tutoring

Please complete both pages of this form.

**Year and Term**

20\_\_\_\_\_  Fall  Spring  Summer Student ID# \_\_\_\_\_

**Preferred Campus for Tutoring**

Statesville  Mooresville

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work or Cell Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Degree Code \_\_\_\_\_ For Summer Only:  1<sup>st</sup> Four weeks  2<sup>nd</sup> Four weeks  Eight weeks

**List Courses in Which You Need Assistance and Instructor**

| Course | Instructor's Name | Course | Instructor's Name |
|--------|-------------------|--------|-------------------|
|        |                   |        |                   |
|        |                   |        |                   |
|        |                   |        |                   |

In the space provided below, please list your class and work schedule and mark the box  to indicate the times you are available to meet with a tutor.

| TIME | Monday                   | Tuesday                  | Wednesday                | Thursday                 | Friday                   |
|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8a   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9a   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10a  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11a  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12p  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1p   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2p   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3p   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4p   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 5p   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 6p   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |

Name \_\_\_\_\_

**Tutor assignments are contingent upon the availability of tutors in your requested subject area. By accepting a regularly scheduled appointment, you will be bound to the policies and procedures set forth by the MIND Center. A thorough review of these policies and procedures will be made available to you during your first regularly scheduled tutoring session. Please read the following and provide your signature below. By doing so, your application will be placed in the active file, and we will do our best to find you a tutor as quickly as possible.**

**Before accepting a tutoring assignment, understand that tutoring privileges may be revoked at any time for the following reasons at the discretion of the administrative specialist (this is a partial list).**

**You will forfeit your tutoring privileges . . .**

- **If you miss your first appointment without notifying the MIND Center.**
- **If during the course of the semester you miss two appointments without notifying the MIND Center.**
- **If you cancel two appointments less than 120 minutes prior to your tutoring session or cancel two consecutive appointments.**
- **If you habitually report unprepared for your tutoring sessions.**
- **If you repeatedly cut short your tutoring sessions.**
- **If you are repeatedly late for your tutoring sessions.**

I have read the above forfeiture criteria and I understand that demonstration any of the aforementioned infractions may terminate my tutoring privileges.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MIND CENTER USE**

Referrals

**STAFF NOTES:**