



# Villanova Athletics Tutor Application



**Please type or print legibly**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Wildcard ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PRESENT ADDRESS:**

Street Address (include city, zip code): \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home: \_\_\_\_\_

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

**All applications must have e-mail address. You will be notified of your application via e-mail.**

**PERMANENT ADDRESS:**

Street Address (include city, zip code): \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Undergraduate Major: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ GPA Earned Last Semester (if applicable): \_\_\_\_\_

Status: \_\_\_\_ 1<sup>st</sup> yr. graduate student \_\_\_\_ 2<sup>nd</sup> yr. graduate student

Do you have another job on campus? \_\_\_\_ If Yes, how many hours per week? \_\_\_\_\_

Do you speak languages other than English? \_\_\_\_ Yes \_\_\_\_ No If yes, please state: \_\_\_\_\_

How many hours a week are you available to work? (Please indicate availability) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please answer each of the following questions**

Do you have any prior tutor experience? (If yes, describe) \_\_\_\_\_

\_\_\_\_\_

Why do you wish to be a tutor for the Office of Academic Support? \_\_\_\_\_

\_\_\_\_\_

What previous experience or skills would you bring to this position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would be your best piece of advice for a student who is struggling academically? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your definition of strong study skills, and how would you teach them to a student? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interested in tutoring during the following semesters:**

Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer I: \_\_\_\_\_ Summer II: \_\_\_\_\_

*Please list the subject and level (introductory, intermediate, advanced) you feel confident you would be able to tutor a student-athlete in. If you were an undergraduate student at Villanova, indicate the courses you would feel comfortable tutoring.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I verify that all of the information contained in this application is true, and I authorize the Office of Academic Support to solicit any pertinent information regarding my candidacy, including verifying grades and enrollment information.*

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

**Return completed application and a copy of your Academic Transcript to:**

**Jenn Porreca  
Office of Academic Support  
Jake Nevin Field House  
800 Lancaster Avenue  
jennifer.porreca@villanova.edu  
Phone: (610) 519-7719 Fax: (610) 519-6884**