



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): _____

Major: _____ Minor: _____

Cumulative GPA: _____ GPA Earned Last Semester: _____

Status (please check): _____ Soph _____ JR _____ SR _____ Other _____

Please list your total Federal-Work-Study allotment, If any: _____

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: _____

