



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: ____ 1st yr. graduate student ____ 2nd 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:

**Tara Nelson Office of Academic Support
Jake Nevin Field House
800 Lancaster Ave
tara.nelson@villanova.ed
Phone 610-519-7719
Fax 610-519-6884**