

**University of Arkansas      Department of Mathematical Sciences      Position: Math Tutor**

Complete this application if you are interested in working as a TUTOR in Mathematics.

**Your academic record will be accessed to verify your qualification as a Tutor for certain courses.**

Complete, Save & Email to [math@uark.edu](mailto:math@uark.edu) OR return to SCEN 309, during normal office hours 8am-4:30pm M-F.

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Applying for Year \_\_\_\_\_ Fall      Spring

Preferred Phone number, including area code: \_\_\_\_\_ Your UARK email \_\_\_\_\_  
*All email from this office to you will go to your UARK email only!*

LOCAL Address: \_\_\_\_\_

PERMANENT Address: \_\_\_\_\_

Classification: Undergraduate      Graduate Student

Major(s) \_\_\_\_\_

Number of hours per week you can dedicate to tutoring \_\_\_\_\_ (MAX=20)

Any previous tutoring experience? NO      YES      If YES, describe:

- DOMESTIC Student (US Citizen/Perm.Resident):

Have you applied for Federal College Work Study Funding for the current or next semester? NO      YES

IF YES: Has it been awarded? NO      YES      Your UA Financial Counselor Name: \_\_\_\_\_

- INTERNATIONAL Student:      Date your Work Authorization expires \_\_\_\_\_

Are you CURRENTLY working for pay at the University of Arkansas? NO      YES

IF YES, College/department \_\_\_\_\_, Supervisor's name \_\_\_\_\_,

Your duties are \_\_\_\_\_.

Have you EVER worked for pay at the University of Arkansas? NO      YES

IF YES, what Year \_\_\_\_\_, College/department \_\_\_\_\_,

Supervisor's name \_\_\_\_\_, and Duties were \_\_\_\_\_.

**List two UA Professors, or UA Staff, who would recommend you:**

Name	_____	_____
Dept	_____	_____
UARK Email	_____	_____
Phone (if known)	_____	_____

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

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IF you are considered for a Tutor position, you will be contacted.