Center for Academic Success and Achievement
Tutor Application

The Center for Academic Success and Achievement (CASA) Resource Center provides an intellectual learning environment and is open to all Morgan State University (MSU) students. In the Resource Center, Morgan students can access a wide array of services, including personalized study skills management and advice, access to computer printing and academic-related internet research, study space, and one-on-one peer tutoring. The Center provides one-on-one tutoring sessions by appointment. The hours of operations are Monday – Thursday 9:00am – 6:00pm and Friday 9:00am – 5:00pm.

Please carefully review the following information BEFORE completing this application.

Preferred Requirements

A tutor must:
- be available to attend preliminary, mandatory training
- abide by University standards, the Student Code of Conduct
- have a minimum, cumulative GPA of 3.0; completed two years at Morgan State University
- must have a grade of “A” in the course subject you will be tutoring
- must be in good standing with the university—no holds no disciplinary or academic probation.

Qualifications and Responsibilities

A tutor:
- has demonstrated academic excellence
  - loves to learn for the sake of learning
  - promotes personal responsibility for learning
  - uses effective learning and study strategies (i.e. test-taking and note-taking skills, textbook comprehension, study aids, information processing, time management, etc.)
- has worked cooperatively in a team or group setting
  - communicates effectively (i.e. listens and comprehends, speaks so others can understand)
  - demonstrates sound reasoning and problem-solving skills
  - is self-motivated in a non-structured work environment
  - seeks and accepts feedback; strives to learn, grow, and develop personally
  - is socially and emotionally mature
  - consistently honors commitments
  - has displayed genuine care and concern for other students, particularly first-year
- demonstrates a positive attitude and encourages students in times of stress
- has exceptional communication skills
- must organize, facilitate, and track tutoring sessions

PLEASE SUBMIT YOUR COMPLETED APPLICATION TO:
RHONDA BATTLE, ASST. DIRECTOR
COMMUNICATIONS CENTER, 107C
Rhonda.Battle@morgan.edu

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
**Center for Academic Success and Achievement**
**Tutor Application**

Please print legibly.

### I. PERSONAL INFORMATION

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<th>NAME:</th>
<th>DOB:</th>
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<td>LAST</td>
<td>FIRST</td>
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SID #: ___________________  GENDER: MALE ______  FEMALE______

ETHNICITY: □ White  □ Black  □ Asian  □ American Indian or Alaska Native  □ Hispanic

MAILING ADDRESS: _________________________________________________________________

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<tr>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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TELEPHONE: _______  CELL: _______  MSU EMAIL: ________________________________

DO YOU CURRENTLY RESIDE ON-CAMPUS? YES: ____  Residence Hall: _________________________  NO: _____

EMERGENCY CONTACT: ____________________________________________  RELATIONSHIP: __________

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### II. ACADEMIC PROFILE

MAJOR(S): ___________________  CLASSIFICATION: □ Sophomore  □ Junior  □ Senior  □ Graduate

WHAT COURSES ARE YOU INTERESTED IN TUTORING?

_________________________________________________________________________________

HAVE YOU EVER BEEN EMPLOYED AS A TUTOR? YES ____  NO ______

If YES please state what institution/company and how many years/months. _______________________________________

HAVE YOU EVER BEEN EMPLOYED BY MORGAN STATE UNIVERSITY? YES ____  NO ______

If YES please state what year and in what department. ________________________________

### III. REQUIRED APPLICATION MATERIALS:

1. UNOFFICIAL TRANSCRIPT
2. RESUME
3. COMPLETED RECOMMENDATION FORM

Please submit your completed application to:
RHONDA BATTLE, ASST. DIRECTOR
COMMUNICATIONS CENTER, 107C
Rhonda.Battle@morgan.edu

Incomplete applications will not be considered
This recommendation form must be completed by a MSU faculty member in the courses you would like to tutor.

Name (please print) __________________________ has applied for the position of peer tutor for the fall with the Center for Academic Success and Achievement.

NOTE: The Family Educational Rights and Privacy Act of 1974 gives a student a right of access to an evaluation written about him or her. The law also permits the student to sign a waiver relinquishing his or her right to inspect letters of recommendation. The applicant’s signature below constitutes a waiver; no signature means that students will have the right to read this recommendation.

Student’s Signature: ___________________________________ Date: __________________________

1. How long have you known the applicant and in what capacity?
____________________________________________________________________________________
____________________________________________________________________________________

Below, please rate the applicant’s attributes.

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<tr>
<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Observed</th>
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<tbody>
<tr>
<td>Content knowledge</td>
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<td>Communication skills</td>
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<td>Ability to explain concepts</td>
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<td>Effectively</td>
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<td>Academic preparation</td>
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<td>Maturity</td>
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2. As a tutor, one qualification needed is to be reliable and dependable. How responsible and dependable is this student?
____________________________________________________________________________________
____________________________________________________________________________________

3. Do you believe the applicant would able to work with students from diverse backgrounds, be flexible and motivating, and promote students responsibility for learning? Please explain.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

4. What is your recommendation of how well suited this applicant is to the tutor position?
□ Highly recommend
□ Recommend
□ Recommend with reservations
□ I do not recommend this student

Recommender’s Name (please PRINT) __________________________ Title: __________________________
Recommender’s Signature: __________________________ Date: __________________________
Campus Extension: _________

Please submit this form via interoffice mail to Rhonda Battle, Communications Center, Room 107C or via fax (443 885 8202) Attn: Rhonda Battle.