

Today's Date: _____

Instructions: Please type your answers to the following questions and then obtain the relevant signatures. You can either scan and email the document to Prof. Emily Marshall (marshaem@dickinson.edu) or return it to her office (Althouse 114). If you scan and email the document, please title the pdf "LastName_FirstName_Application" where "LastName" is replaced with your last name and "FirstName" is replaced with your first name.

1. Basic Information

First Name: _____

Last Name: _____

Preferred Name: _____

Graduation Class: _____

Majors(s): _____

Minor(s): _____

2. Contact Information:

Email: _____

Phone Number: _____

3. Have you applied to be a QR Center tutor before?

Yes

No

If yes, when? _____

4. Please list all relevant experience (i.e. previous tutor/teacher's assistant).

5. References: please provide the names and contact information of two professors (or staff members) that may be contacted regarding your application to be a tutor.

Faculty/Staff Member	Department	Email Address

6. We would like all QR Center employees to be willing to also serve as a QR Associates (QRA) for a particular course.¹ Please indicate below the courses that would be most comfortable working in the role of a QRA.

Course Number	Course Name

7. Please list the courses that you would like to tutor and your grade in the course below. Please also obtain the signature of the professor for the course and the signature of that department’s chair. If you list a course below, that indicates your willingness to tutor that course. Please do not list AP courses. For courses in the Mathematics/Computer Science department, please do not as for professor or department chair signatures. For courses in the Chemistry department, please do not ask for department chair signatures but obtain the professor signature.

Note for Professors: The professor’s signature indicates that they would recommend you as a tutor for the course and that the reported grade is correct.

Note for Dept. Chairs: The department chair’s signature indicates that the respective department approves of your ability to tutor the course listed.

Course Number	Course Name	Course Grade	Signature of Professor	Signature of Dept. Chair

¹ Please see the QR center webpage for information about QR associates.

8. Training in the science of learning and monthly staff meetings to discuss progress are an important part of the QR center. Would you be able to commit to attending two mandatory training sessions at the beginning of the fall semester and staff meetings once a month during the academic year?

Yes

No

9. Please provide a brief explanation of why you would like to become a QR center tutor.

10. What is your experience with the following technology and software? Please indicate the programs that you are comfortable with by checking the box(es) below.

Graphing Calculators

Typesetting with LaTeX

Mathematica

MATLAB

Maple

R

Python

Sage

Minitab

SPSS

Stata

Prism

11. Please list all QR courses in which you are currently enrolled.

Course Number	Course Name

12. Please sign and date below, indicating that all of the above information is correct.

Student Signature

Date

Print Name