**Today’s Date:**  \_\_\_\_\_\_\_\_\_\_

*Instructions: Please type your answers to the following questions and then obtain the relevant signatures. Please scan and email the document to Prof. Jackie Campbell (*[*campbeja@dickinson.edu*](mailto:campbeja@dickinson.edu)*) and cc’ Prof. Emily Marshall (*[*marshaem@dickinson.edu*](mailto:marshaem@dickinson.edu)*). 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Majors(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Contact Information:**

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Yes



 No



**If yes, when?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please list all relevant experience (i.e., previous tutor/teacher’s assistant).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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** |
|  |  |  |
|  |  |  |

1. **In addition to tutoring, we would like all QR Center employees to be willing to also serve as a QR Associate (QRA) for a particular course.**[[1]](#footnote-1) **Please indicate below the courses that you would be most comfortable working in the role of a QRA.**

|  |  |
| --- | --- |
| **Course Number** | **Course Name** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Please list the QR courses that you would like to tutor and your grade in the course below. They do not necessarily have to be listed as “Quantitative Reasoning” in the course catalogue. Signatures of the professor for the course and the signature of that department’s chair are not required in Spring 2021 due to the pandemic.**

**If you list a course below, that indicates your willingness to tutor that course. Please do not list AP courses.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Number** | **Course Name** | **Course Grade** | **Signature of Professor** | **Signature of Dept. Chair** |
|  |  |  | Waived for SP 21 | Waived for SP 21 |
|  |  |  | Waived for SP 21 | Waived for SP 21 |
|  |  |  | Waived for SP 21 | Waived for SP 21 |
|  |  |  | Waived for SP 21 | Waived for SP 21 |
|  |  |  | Waived for SP 21 | Waived for SP 21 |
|  |  |  | Waived for SP 21 | Waived for SP 21 |
|  |  |  | Waived for SP 21 | Waived for SP 21 |
|  |  |  | Waived for SP 21 | Waived for SP 21 |
|  |  |  | Waived for SP 21 | Waived for SP 21 |
|  |  |  | Waived for SP 21 | Waived for SP 21 |
|  |  |  | Waived for SP 21 | Waived for SP 21 |
|  |  |  | Waived for SP 21 | Waived for SP 21 |

1. **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



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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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



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

|  |  |
| --- | --- |
| **Course Number** | **Course Name** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Student Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name

1. Please see the QR center webpage for information about QR associates. [↑](#footnote-ref-1)