

New Jersey City University
Office of the Dean of Students
 REQUEST APPLICATION FOR STUDENT TUTORS

Name _____ Student ID# _____

Address _____

Home Phone # _____ Email Address _____

Major/Current Year at NJCU _____ (Freshman, Sophomore, etc.)

1. In what subject(s) do you require tutoring? _____

Administrative Use Only

Student's CGPA: _____ Is this student in good disciplinary standing? _____

S.H. Attempted _____ S.H. Earned _____

Please indicate the times and days you are available on the chart below.

TIME	Monday	Tuesday	Wednesday	Thursday	Friday
8 - 8:50					
9 - 9:50					
10 - 10:50					
11 - 11:50					
12 - 12:50					
1 - 1:50					
2 - 2:50					
3 - 3:50					
4 - 4:50					
5 - 5:50					
6 - 6:50					
7 - 7:50					
8 - 8:50					

