

**Pellissippi State Technical Community College
TRiO Student Support Services
Tutor Application**

Applicant Information

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

School email address: _____ Home email address: _____

Classification: ___ Freshman ___ Sophomore

Degree seeking: _____

Major: _____ Minor: _____

Do you plan to transfer to another college? _____ Transfer date: _____

Course(s) you are interested in tutoring:

Name of course	Course number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How did you hear about this position? _____

Why are you interested in tutoring for TRiO? _____

You may return the completed application to:
Mark Cotter, Ed.D., Director
865-539-7266
ERC room 218
mscotter@pstcc.edu

**Pellissippi State Technical Community College
TRiO Student Support Services
Tutor Recommendation Form**

Dear _____,
(recommender's name)

On behalf of the TRiO Student Support Services Program, _____,
(applicant's name)

has applied to be a tutor in _____. To the best of
(subject area)

your knowledge, please evaluate the competency of this prospective tutor's ability in the
aforementioned course. Please also check here ____ if you would like the student to be
able to view this evaluation after its completion. Otherwise, it will remain confidential.

Evaluation of competency	Excellent	Above Average	Good	Fair	Poor	Don't know
Mastery of subject						
Understanding of subject						
Ability to apply subject matter						
Ability to communicate ideas						
Verbal ability						
Level of responsibility						
Integrity						
Interaction with other students						

____ I highly recommend this student for the position of tutor with TRiO SSS

____ I recommend this student for the position of tutor with TRiO SSS with reservation

____ I do not recommend this student for the position of tutor with TRiO SSS

Additional comments:

Signature _____ Date _____

Department _____

Thank you for your time and the consideration you will give this matter.

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