

The University Learning Center Application Addendum

Campus-wide ID:		Date of Application:	
First Name:(legal name)	Middle Initial	l: Last Name:	
Pronouns:			
Faculty Providing Letter of	Reference form:		
Please list in ranked order the	e courses in which you would	he interested in heing a l Iniv	versity Learning Center tutor
First Choice	Second Choice	Third Choice	Fourth Choice
	ne University Learning Cente -semester training during th		
☐ Yes, I understand ☐ N	o, I do not understand		
	ipated involvement in camp vide the number of hours pe		_
Why do you want to beco	me a tutor with the ULC?		