



Location ATC 304
Phone (408) 864 – 5385
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Speaking & Listening Center Tutor Application

Name _____

Phone (_____) _____ E-Mail _____

When can you start? _____

Were you referred by an instructor? Yes No

If Yes, what is the name of the instructor and the class he or she teaches?

Instructor's Name: _____ Class: _____

List the speech classes & instructors you have taken:

List any experience or training you have with tutoring or working with others (use the back of this application if you need more room)

List any qualities that you feel qualify you to tutor students in the Listening & Speaking Center (use the back of this application if you need more room)

Thank you! All completed application to the Listening and Speaking Center (ATC 304)