MERCER UNIVERSITY

Academic Resource Center

Date Submitted: _____/_____/_____

Expected Graduation: _____/_____

Name:		Date of Birth:
Home Campus and Campus Address:		Mercer ID:
Permanent Address:		SSN:
Mercer Email Address:		
Cell Phone:		
Emergency Contact and Relationship:		
Major:	Highest Level Course Taken:	❑ Planned Major ❑ Declared Major
Minor:	Highest Level Course Taken:	❑ Planned Major ❑ Declared Major
Concentration or other special areas of study:		
Federal Work Study:	❑ Yes	❑ No
Previous Work Experience:		
Other Mercer Employer:		# of Hours Desired in the *ARC*:
Disciplines Applying For: (Separate recommendation required for each discipline)		Estimated Overall GPA:
Course:	❑ Tutor	❑ SI Leader
Course:	❑ Tutor	❑ SI Leader
Course:	❑ Tutor	❑ SI Leader
Course:	❑ Tutor	❑ SI Leader
Course:	❑ Tutor	❑ SI Leader
Course:	❑ Tutor	❑ SI Leader