



2020 Student Coordinator Application

Basic Information

Full Name: _____ M-Number: _____

Are you a returning SYP Staff member? _____

If yes: what years and staff positions have you held? _____

Are you available to work for SYP during summer 2020? If you are not sure, please list reasons why: _____

Will you be taking summer classes? _____ Current Class Year: _____

Contact Information

Address: _____

Best Email: _____ Phone Number: _____

Written Responses

1. Why do you want this position? What special skills, knowledge, and/or experiences would you bring to this job?

2. How comfortable are you talking on the phone and what experience do you have?

3. How comfortable are you asking questions/asking for help? Give an example of when you asked for help.

4. Give an example of a time you had to adapt in a stressful situation.

5. Give an example of ways you stay organized both personally and professionally.

6. How would you handle the following scenarios:

a. An angry parent calls, they are upset that the class their student wants to enroll in is full. What do you do?

b. A family has missed the due date to make a payment and you have to call them. What do you say?



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7. References

These two references must be professional people that you have worked for or volunteered with; that you have known at least one year; and who can give recommendations based on your credibility, reliability, and work ethic. These should be people who are/were in a supervisory capacity over you, not friends, relatives, fellow students, or co-workers.

Name: _____ Position: _____
Address: _____
Street City State Zip
Phone: _____ Email: _____

Name: _____ Position: _____
Address: _____
Street City State Zip
Phone: _____ Email: _____

8. Signature

Your signature below authorizes us to obtain copies of your school records (defined as academic transcripts, academic appeal matters, financial aid appeal matters, student disciplinary records, supervisor evaluations), and verification of your driving records if you are being considered for a position. By signing below, you certify that all information listed in this application is true and complete without qualification.

Signature: _____ Date: ____ - ____ - ____

**When complete, please return this application
and your resume to the Center for Pre-College Outreach:**

217 Administration Building
1400 Townsend Dr.
Houghton, MI 49931

Phone: 906-487-2219
Fax: 906-487-1136
Email: cpcojobs@mtu.edu



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