

General SAAB Tutor Application 2013-14

Name (print) _____ (Nickname) _____ Date _____

Email _____ MSC _____ Phone _____

Major(s) (if declared) _____ Minor _____

Anticipated date of graduation _____ Year you first started tutoring: _____
(semester) (year)

Will you anticipate participating in an off-campus program this year? If so, which semester(s)?

I declare all information on this form is honest and accurate to my knowledge, and will timely inform the Director of Tutoring Programs of any changes.

Student Signature:

To faculty: By signing, you recommend this person as a SAAB tutor. He or she displays the knowledge and ability to tutor the courses listed below:

Course Code	Section	Class Title	Instructor	Signature

Please submit this application to the SAAB Office in Templeton (main floor). Feel free to email me at tutoring@lclark.edu if you have any questions or suggestions. Thanks!

Aaron Fellows
Director of Tutoring Programs
tutoring@lclark.edu