

General SAAB Tutor Application 2014-15

Name: _____ Student ID #: _____
(first) (last)

Email Address: _____@lclark.edu

Major: _____ Anticipated Date of Graduation: _____ Fall Spring
(year)

Do you intend to be absent from campus anytime before your date of graduation (for an overseas program, leave of absence, etc.?)

No Undecided Yes, I intend to be absent during Fall Spring of _____
(year)

I, the undersigned applicant, declare all information on this form to be honest and accurate to the best of my knowledge, and will timely inform the Director of Tutoring programs should any of the information change.


Signed, _____
(date)

Course Authorization:

Record each course in which you would like to tutor here. To tutor for a course, you must have satisfactorily completed the course yourself, under most circumstances (contact the Program Director if you believe your situation exempts you from this condition). You must also obtain the consent of the instructor who taught the course to you, or, in their absence, the departmental head.

To Faculty: By signing, you declare that you believe this student to have excellent knowledge of the course material and the communicative ability to do so.

Please check here if you already tutor for courses and wish to add the below.

Course Code	Course Title	Instructor	Instructor's Signature
PSY 101	EXAMPLE	JOHN HANCOCK	

Please return this application to the Tutoring Documents Folder outside the SAAB office. The SAAB office is located on the main (2nd) floor of Templeton.