



The Sophie Davis Biomedical Education Program/CUNY School of Medicine

Learning Resource Center
Harris Hall, Room 114

Tel: (212) 650-8408
Fax: (212) 650-6514

TUTOR APPLICATION FORM

Instructions: Provide a copy of your unofficial transcript along with your class schedule. Please submit two references - at least one reference must be from the course instructor for the subject you intend to tutor. Please attach all other pages to this form.

Date: ___/___/___

A. PERSONAL INFORMATION

Name: ___ Last ___ First ___ Middle ___

Home Address: ___ Street ___ Apt # ___

___ City ___ State ___ Zip Code ___

Social Security last 4 digits: ___ E-mail: ___

Telephone Number: (___) ___ Alternate Phone (___) ___

Current Year: ___ 1st ___ 2nd ___ 3rd ___ M1 ___ M2 ___ M3 ___ M4

B. WHAT COURSE OR SUBJECT(S) CAN YOU TUTOR:

- ___ Bio 20700 Biology of Organism
___ Med 11209 Sociomedical Sciences
___ Phys 20300 General Physics I
...
___ MED 39509 Practice of Medicine 2(POM2)
___ MED 39609 Practice of Medicine 2(POM2)
...
Other _____

Please complete the reverse page...

C. TUTORING SCHEDULE

Please place an "X" next to the days and hours you are available to work:

Time:	Monday	Tuesday	Wednesday	Thursday	Friday
10-11 am					
11-12 am					
12-1 pm					
1-2 pm					
2-3 pm					
3-4 pm					
4-5 pm					
5-6 pm					
6-7 pm					

Please list the number of sessions per week you are interested in/available to work: _____

D. PAST SUBJECT(S) TUTORED FOR THE LRC:

SUBJECT/COURSE	SEMESTER / YEAR(S)
1.	
2.	
3.	
4.	

Please list the names of your references: _____

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FOR OFFICE USE ONLY:

Recommendation: _____

Summer: _____

Referred by: _____

Spring: _____

Date of Interview: ____ / ____ / ____

Fall: _____

Interviewer: _____

Comments: _____