



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. Please email your application materials to SophieLRC@med.cuny.edu

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 M4 PA Other

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

- ___ Bio 20700 Biology of Organism
___ Phys 20300 General Physics I
___ Med 10200 General Chemistry
___ Med 2000 Introduction to Human Genetics
___ Phys 20400 General Physics II
___ Med 20300 Bio-Organic Chemistry
___ Med 20400 Molecules to Cells I
___ Med21400 HMS I: Culture, Health & Illness
___ Med 22309 Fundamentals of Epidemiology & Biostatistics
___ Med 22409 Population Health & Community Health Assessment
___ Med 24409 Evaluation in Healthcare Settings
___ Med 30500 Molecules to Cell II
___ MED 32509 US Healthcare Systems& Policy
___ Med 33501 HMS IV: Epidemiology
___ Med 33609 Clinical Anatomy
___ Med 37609 Fundamentals of Organ Systems
___ Med 47719 Organ Systems: Musculoskeletal
___ Med 47729 Organ Systems: Cardiovascular
___ Med 47739 Organ Systems: Pulmonary I
___ Med 47819 Organ Systems Pulmonary II
___ Med 47829 Organ Systems: Gastrointestinal and Liver
___ Med 47839 Organ Systems: Endocrine
___ Med 47849 Organ Systems: Renal
___ Med 57919 Organ Systems: Reproductive
___ Med 57929 Organ Systems: Hematology
___ Med 57939 Organ Systems: Neurology I
___ Med 58019 Organ Systems: Neurology II
___ Med 58029 Organ Systems: Psychiatry
___ Med 58039 Organ Systems: Integrative
___ Med 53003 Intro to Clinical Medicine II
___ Med 53900 Clinical Decision Making & Evidence Medicine
___ Step 1
___ Step 2/Clerkships
Other
Please complete the following 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	Saturday (Step 1 & 2 Only!)	Sunday (Step 1 & 2 Only!)
10am-11am							
11am-12pm							
12pm-1pm							
1pm-2pm							
2pm-3pm							
3pm-4pm							
4pm-5pm							
5pm-6pm							
6pm-7pm							

Please list the maximum number of 1 hour sessions you are interested in tutoring per week _____

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

Subject/Course	Semester/Year(S)
1.	
2.	
3.	
4.	

Please list the names of your Course Director(s):

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 FOR OFFICE USE ONLY:

Recommendation: _____

Summer: _____

Referred by: _____

Spring: _____

Date of Interview: / /

Fall: _____

Interviewer: _____

Comments: _____
