



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

Are you currently on leave? Yes No

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 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	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 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:

Please list the maximum number of hours you are interested in tutoring per week.

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FOR OFFICE USE ONLY:

Recommendation: _____

Summer: _____

Referred by: _____

Spring: _____

Date of Interview: / /

Fall: _____

Interviewer: _____

Comments: _____
