

LOCK HAVEN UNIVERSITY CLEARFIELD CAMPUS

**Tutor Application Form**

NAME \_\_\_\_\_ STUDENT ID # \_\_\_\_\_

TUTORING SEMESTER: FALL    SPRING    SUMMER    YEAR \_\_\_\_\_

TOTAL CREDIT HRS EARNED \_\_\_\_\_ CURRENT GPA \_\_\_\_\_ CURRENT CREDIT HR LOAD \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TUTORING AREAS:  MATH     ENGLISH     A&P     CHEMISTRY     MICRO     OTHER \_\_\_\_\_

TUTORING AREA COURSEWORK COMPLETED:

SEMESTER COMPLETED	COURSE NUMBER	COURSE NAME	PROFESSOR	FINAL GRADE	PREVIOUS TUTORING EXPERIENCE

AVAILABILITY: (PLACE AN "X" IN ALL APPLICABLE BOXES)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					
5:00-5:30					
OTHER					

REFERENCES: LIST TWO LHU FACULTY OR STAFF MEMBERS WHO CAN TESTIFY TO YOUR KNOWLEDGE/ABILITY IN THE TUTORING AREA

1. \_\_\_\_\_ 2. \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO 102 FOUNDERS HALL OR MAIN OFFICE (SIGNATURE INDICATES PERMISSION TO CONTACT FACULTY)