

LOCK HAVEN UNIVERSITY  
CLEARFIELD CAMPUS

**TUTOR APPLICATION FORM**

NAME \_\_\_\_\_ STUDENT ID# \_\_\_\_\_  
(last) (first) (m.i.)

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

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

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

CONTACT: PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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 \_\_\_\_\_

(Indicates permission to contact LHU faculty/staff references)

~ PLEASE RETURN COMPLETED FORM TO DR. KLECKLEY (FOUNDER'S HALL #130A) OR MAIN OFFICE ~