

General SAAB Tutor Application 2014-15

Name: _____ Student ID #: _____
(first) (last)

Email Address: _____@lclark.edu

Major: _____ Anticipated Date of Graduation: _____ ☐ Fall ☐ Spring
(year)

Do you receive a federal or Lewis & Clark work-study allotment? (note: it is not necessary that you receive work-study in order to tutor)

☐ Yes, Federal work-study ☐ Yes, L&C work-study ☐ No, I do not receive work-study

I, the undersigned applicant, declare all information on this form to be honest and accurate to the best of my knowledge, and will timely inform the Director of Tutoring programs should any of the information change.


Signed, _____

Course Authorization: _____ (date)

Record each course in which you would like to tutor here. To tutor for a course, you must have satisfactorily completed the course yourself, under most circumstances (contact the Program Director if you believe your situation exempts you from this condition). You must also obtain the consent of the instructor who taught the course to you, or, in their absense, the departmental head.

To Faculty: By signing, you declare that you believe this student to have excellent knowledge of the course material and the communicative ability to teach it.

☐ Please check here if you already tutor for courses and wish to add the below.

Course Code	Course Title	Instructor	Instructor's Signature
PSY 101	EXAMPLE	JOHN HANCOCK	

Please return this application by email to tutoring@lclark.edu or to the Tutoring Documents Folder outside the SAAB office. The SAAB office is located on the main (2nd) floor of Templeton.