

**SAAB Tutor Application 2009-10**

Name (print) \_\_\_\_\_ (Nickname) \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ MSC \_\_\_\_\_ Phone \_\_\_\_\_

Major (if declared) \_\_\_\_\_ Minor \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_ Year you first started tutoring: \_\_\_\_\_  
(Semester) (Year)

Will you anticipate participating in an off-campus program this year? If so, which semester(s)?  
\_\_\_\_\_

**I declare all information on this form is honest and accurate to my knowledge, and will timely inform the Tutoring Director of any changes.**

Signature:

**To faculty:** By signing, you recommend this person as a SAAB tutor. He or she displays the knowledge and ability to tutor the courses listed below:

Course Code	Section	Class Title	Instructor	Signature

Please submit this application to the SAAB Office in Templeton (main floor)

Feel free to email me at [tutoring@lclark.edu](mailto:tutoring@lclark.edu) if you have any questions or suggestions.

Thank you,

Steven Levitte  
Tutoring Director  
[tutoring@lclark.edu](mailto:tutoring@lclark.edu) MSC 1572