

Tutor Application Form

First Name: _____ Last Name: _____

Class Year: _____ E-mail Address: _____

Cell Phone: _____ Home Phone: _____

I am interested in providing tutoring services for the following course(s) (**Check all that apply**):

FOUNDATIONS:

- | | |
|---|---|
| <input type="checkbox"/> FoCS (Foundations of Clinical Sciences) | <input type="checkbox"/> Neural Science |
| <input type="checkbox"/> Connections | <input type="checkbox"/> Attacks & Defenses |
| <input type="checkbox"/> Cardiovascular, Respiratory & Renal Systems | <input type="checkbox"/> Nutrition, Metabolism & Gastrointestinal Systems |
| <input type="checkbox"/> HDRH (Human Development & Reproductive Health) | <input type="checkbox"/> Other _____ |

Are you scheduled to TA a Foundations Level course? If so, which course/month?

CLINICAL CLERKSHIP:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Inpatient Internal Medicine | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Neurology/Outpatient Internal Medicine | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Obstetrics & Gynecology | |

ADVANCED INTEGRATION

- | | |
|---|---|
| <input type="checkbox"/> Acting Internship in Internal Medicine | <input type="checkbox"/> Emergency Medicine |
|---|---|

USMLE

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Step 1 Exam | <input type="checkbox"/> Step 2 Exam |
|--------------------------------------|--------------------------------------|

Number of students you would be willing to tutor: _____

Preferred months/Availability:

- | | | | | | |
|-----------------------------------|--------------------------------|-------------------------------|---------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> March | <input type="checkbox"/> May | <input type="checkbox"/> July | <input type="checkbox"/> September | <input type="checkbox"/> November |
| <input type="checkbox"/> February | <input type="checkbox"/> April | <input type="checkbox"/> June | <input type="checkbox"/> August | <input type="checkbox"/> October | <input type="checkbox"/> December |

ADDITIONAL INFORMATION:

We are thrilled you are interested in serving as a peer mentor to a fellow UVM LCOM student. We look forward to connecting with you soon! If you have any questions, please feel free to contact us.

– [*The Medical Student Services Team*](#)
802-656-0722