

# Tutor Request Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Class Year: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I would like tutoring for the following course(s) (**Check all that apply**):

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## FOUNDATIONS:

- |  |  |
|--|--|
| <input type="checkbox"/> Foundations of Medicine                         | <input type="checkbox"/> Neural Science                              |
| <input type="checkbox"/> Human Structure & Function                      | <input type="checkbox"/> Connections                                 |
| <input type="checkbox"/> Attacks & Defenses                              | <input type="checkbox"/> Cardiovascular, Respiratory & Renal Systems |
| <input type="checkbox"/> Nutrition, Metabolism & Gastrointestinal System | <input type="checkbox"/> Generations                                 |

## 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"/> Selective          |
| <input type="checkbox"/> Surgical Subspecialities               | <input type="checkbox"/> Teaching Practicum |
| <input type="checkbox"/> Emergency Medicine                     | <input type="checkbox"/> Scholarly Project  |

## USMLE

- Step 1 Exam
- Step 2 Exam

## ADDITIONAL INFORMATION:

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Thank you for taking advantage of the resources we have to offer you. We look forward to connecting you with your peer-tutor! If you have any questions, please feel free to contact us (802-656-0722; [studentCOMservices@med.uvm.edu](mailto:studentCOMservices@med.uvm.edu)).

– The Medical Student Education Team