

# Tutor Application and Registration

**HAMPTON UNIVERSITY**  
**SCHOOL OF PHARMACY**  
 Tutor Application / Registration



APPLICANT INFORMATION					
Last Name:			First:		
Street Address:			Apartment/Unit #:		
City:			State:		
Phone:			Hampton U. E-mail Address		
Student ID #:					
Class Rank:	P1 <input type="checkbox"/>	P2 <input type="checkbox"/>	P3 <input type="checkbox"/>	P4 <input type="checkbox"/>	Current Cumulative Pharmacy GPA:
Have you tutored Before? (Circle One)	Yes / No	If yes, when?		If yes, where?	
Semester and Year Requesting approval:	Fall / Spring/ Summer _____				

**COURSE(S) IN WHICH REQUESTING TO BE A TUTOR.**  
 (PLEASE NOTE YOU MUST BE APPROVED BY YOUR ACADEMIC ADVISOR OR THE CO-ORDINATOR OF THE COURSE YOU ARE REQUESTING TO TUTOR)

Course:	Advisor/Coordinator Signature:
Course:	Advisor/Coordinator Signature:
Course:	Advisor/Coordinator Signature:
Course:	Advisor/Coordinator Signature:
Course:	Advisor/Coordinator Signature:
Course:	Advisor/Coordinator Signature:
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Course:	Advisor/Coordinator Signature:
Course:	Advisor/Coordinator Signature:
Course:	Advisor/Coordinator Signature:

Signature: _____	Date: _____
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 (Official Use Only)

Official GPA per Office of Academic Affairs: \_\_\_\_\_

Status: Accepted \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Academic and Student Affairs: \_\_\_\_\_

## Hampton University School of Pharmacy Tutoring Log

Date	Name of Tutor	Start Time	End Time	Student Name	Class (P1-P4)	Course/Topic	Signature of the learner
		AM	AM				
		PM	PM				
		AM	AM				
		PM	PM				
		AM	AM				
		PM	PM				
		AM	AM				
		PM	PM				
		AM	AM				
		PM	PM				
		AM	AM				
		PM	PM				
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		AM	AM				
		PM	PM				