Teaching English as a Second or Foreign Language (TESL/TEFL) Certificate program

Completion of ESL tutoring*

Name: _____

Red ID #: _____

Address: _____

Phone: _____

E-mail Address: _____

Name of ESL tutoring site: _____

Dates and times tutored: _____
(Eg: MW 2.00-3.00; May to July 2008)

Type of ESL tutoring provided: _____

Teacher/Supervisor of ESL class or program verifying ESL tutoring provided:
_____

Signature of Teacher/Supervisor _____   Date: _____

Signature of TESL Certificate program student: _____ Date: _____

*Email completed form to: iruston@sdsu.edu.