

**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: \_\_\_\_\_

\*Mail completed form to:

Department of Linguistics and Asian/Middle Eastern Languages  
San Diego State University  
5500 Campanile Drive  
San Diego, CA 92182-7727