

## Peer Assisted Learning (PALS) Tutoring Program Application

Name: \_\_\_\_\_

Academic Year:  MS1  MS2  MS3  MS4

Please check one or more content areas that you feel comfortable tutoring:

- |   |   |
|---|---|
| <input type="checkbox"/> Anatomy            | <input type="checkbox"/> Behavioral Science |
| <input type="checkbox"/> Biochemistry       | <input type="checkbox"/> Biostatistics      |
| <input type="checkbox"/> Clinical Diagnosis | <input type="checkbox"/> Epidemiology       |
| <input type="checkbox"/> Ethics             | <input type="checkbox"/> Histology          |
| <input type="checkbox"/> Microbiology       | <input type="checkbox"/> Neuroscience       |
| <input type="checkbox"/> Pathology          | <input type="checkbox"/> Pharmacology       |
| <input type="checkbox"/> Physiology         |   |

Would you like to be considered for the PALS co-Leader position?  Yes  No

Please attach your **cover letter** (address the letter to the PALS Section Committee)  
and your most updated **CV** to the application

Return to Student Services Office, of [studentservicesmedicine@hsc.wvu.edu](mailto:studentservicesmedicine@hsc.wvu.edu)

DEPARTMENT OF MEDICAL EDUCATION  
STUDENT SERVICES

PO Box 9111 | 1146 Health Sciences Center North  
Morgantown, WV 26506-9111  
Studentservicesmedicine@hsc.wvu.edu  
☎ 304.293.2408 📠 304.293.7814 Toll Free (800).543.5650