

**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:

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