



**PEER TUTOR REQUEST FORM**

The Peer Tutoring Program is available to students who require assistance in a particular subject or skill area. The student will be able to choose from a list of approved tutors who have demonstrated competence in the same subject or skill area. **\*\*Tutor information and information on the tutoring process will be sent to your email account.\*\*** Tutors are not to take the place of the Instructors, do your homework assignments for you or guarantee you a 'good' grade. They are here to provide you additional assistance in a subject area that you may be struggling with. It is still your responsibility to attend all classes, complete all coursework and study for all quizzes and exams.

Please note, persistence no-shows, late arrivals or last minute cancellations may make you ineligible to receive future tutoring. **Please complete the form and return Mrs Horton in the Student Success Learning Center ( in the M block). Please note all tutoring sessions must take place on campus.**

Name _____	Student ID # _____
Address _____	Email Address _____
_____	Phone Number (home) _____
Number of Course/ Credits Completed _____	Phone Number (cell) _____

Please list below days and times you are available for tutoring:

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***\*\*CORRESPONDENCE WILL BE SENT TO YOUR EMAIL ACCOUNT\*\* Please ensure that is written clearly and is an active email account.***

***\*\* Academic Support Services staff must be able to contact you for the purpose of ongoing communication and quality assurance relating to the peer tutoring program. \*\****

***\*\*I give permission to Academic Support Services to contact me by:***

Telephone (H)\_\_\_\_ Telephone (C)\_\_\_\_ Email \_\_\_\_Mail \_\_\_\_ (please initial all that apply)

Please identify below, the specific course/s in which you wish to receive tutoring.

Course Title	Course Section	Instructor
_____	_____	_____
_____	_____	_____

I understand that the Coordinator for Academic Support Services or my Peer Tutor may need to consult with my course instructor, and I give permission for this contact to occur.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date