
APPLICATION TO RECEIVE PEER TUTORING

Please complete **front and back** page electronically or print clearly.

Students must be approved by their Faculty **OR** Coordinator **OR** Counselling and AccessAbility Services Staff (CAAS) of each course to receive Peer Tutoring.

Name: _____ Student ID: _____

Phone: _____ Home Cell Text Only

SLC E-mail: _____@student.sl.on.ca

Program: _____ Semester: 1 2 3 4 5 6 7 8

I prefer my tutors to contact me by: Text SLC e-mail

I understand that tutoring may occur in small groups: Yes

I am a First Generation Student: Yes No

Please ensure **front and back of this application** are completed in full; include all required signatures of Faculty **OR** Coordinator **OR** CAAS Staff and full list of course names/codes for which you are requesting tutoring.

_____/_____/_____

Signature of Applicant

Date (dd/mm/yyyy)

For office use only



Course:		
Tutor assigned:		
Date of match:		
E-mail sent	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Tutee Agreement Signed

STUDENT SUCCESS STARTS HERE
