Student Application for College Peer Tutoring Service

Complete this form to apply to receive group tutoring. Applicants are NOT guaranteed a tutor. Students may receive up to 15 hours of group tutoring per course each semester to a maximum of two courses. All tutoring is subject to tutor availability.

Individual tutoring will be by exception only and must be approved by the Peer Tutoring Coordinator. A $10.00 per course fee will apply for individual tutoring.

☐ Complete a separate application form for each course (up to a maximum of 2 courses)
☐ Provide a copy of your timetable and highlight the times you are available to be tutored
☐ Pay the $10.00 per course tutoring fee, if applicable, at the Registration service counter after you have received approval from the coordinator and been matched with a tutor
☐ Speak with the Peer Tutoring Coordinator if you have any questions or concerns

Name: ___________________________________________ Student #: __________________________

Campus: ___________________________________________ Telephone #: ______________________

DC Mail: ___________________________ Only DC Mail will be used to contact students

Program: ___________________________ Year: _________ Semester: __________

Course you require tutoring in (include course code): ____________________________________________

Title of textbook: ___________________________ Professor: ___________________________

What are you having difficulty with in this course? ___________________________________________

How many hours of tutoring do you feel you will require? __________

TO BE COMPLETED BY YOUR PROFESSOR FOR THE COURSE YOU NEED HELP WITH

The continued efforts of the student along with faculty support are essential to academic success. Your signature indicates that you feel this student could benefit from tutoring in the course listed above. Please complete the following information:

Attendance

Excellent ☐ Satisfactory ☐ Needs Improvement ☐

Class Participation

Excellent ☐ Satisfactory ☐ Needs Improvement ☐

Assignment Completion

Excellent ☐ Satisfactory ☐ Needs Improvement ☐

Suggestions/Comments ________________________________________________________________

Faculty Name: ______________________ Faculty Signature: ________________________________

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