



**PEER TUTORING PROGRAM
(LEARNER APPLICATION)**

NAME: _____

ADDRESS: _____

PHONE: _____ **STUDENT #** _____

PROGRAM OF STUDIES _____

SUBJECT(S) WHICH YOU REQUIRE TUTORING:

1. _____ 2. _____

3. _____ 4. _____

SIGNATURE

DATE

INSTRUCTOR/ADVISOR RECOMMENDATION

DATE

CAMPUS ADMINISTRATOR

APPROVAL DATE

FOR OFFICE USE ONLY

ASSIGNED TUTOR _____

ROOM: _____ **TIME(S):** _____

(Original to Campus Administrator; copy to Instructor; copy to learner.)