

Peer Tutor Application Form

 College Drive

 Commerce Court

 Aviation

Please note: applicants must complete the mandatory **training modules** and **hiring package** when submitting their application.

STUDENT INFORMATION

Student Name		Student #	
Home Phone #		Cell Phone #	
Program			
Email*			
OSAP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Other

*only email will be shared with potential tutees from the Student Success Services office

COURSES YOU ARE WILLING TO TUTOR

Course Code		Course Name	
Instructor's Name		Instructor's Signature*	
Date		Comments	

Course Code		Course Name	
Instructor's Name		Instructor's Signature*	
Date		Comments	

*Instructor's signature indicates that the student applying to be a tutor has successfully completed the course with a grade of B or better, OR the student is currently enrolled in the course and achieving a grade of B or better.

STUDENT SIGNATURE

I authorize release of my grades by the Admissions Office or through D2L.

Signature		Date	
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OFFICE USE ONLY

Tutee assigned		Tutor Contacted		Pay sheet	
Tutee assigned		Tutor Contacted		Pay sheet	

**STUDENT SUCCESS SERVICES
CONSENT AND CONFIDENTIALITY OF INFORMATION**

Peer Tutoring

During your Tutoring sessions, your Tutor/Tutee may have access to confidential information. Additionally, your Tutor/Tutee may consult with a Student Success Advisor and/or Faculty to discuss information relevant to your student success needs. This information may be shared (reviewed, exchanged, discussed, and/or emailed) between Student Success Advisors. I understand that my Tutor/Tutee/Advisors/Technologists may require this information to properly assess and address my needs.

Your signature below indicates your acceptance of this condition with regards to peer tutoring within Canadore College.

Signature

Please Print Name

Date

I agree that a photocopy of this Consent shall be accepted with the same legal authority as the original copy of this Consent.

I acknowledge Student Success Services' adherence to the Personal Information Protection and Electronic Documents Act and understand that my personal information will not be released/shared without my express consent.

I understand that this Consent is effective while accessing Student Success Services, and I understand that I may amend/revoke the same in writing at any time.

Dated at _____
(Location)

Date: Year/Month/Day

Witness Signature

Student Signature