

Request for Tutoring

\$10.00 non-refundable fee for 10 hours of tutoring

Please Print

STUDENT INFORMATION			
Date		Student #	
Student Name			
Home Phone		Cell Phone	
Program			
Email*			

*Only your email address will be shared with your tutor unless instructed otherwise

ADDITIONAL INFORMATION			
Campus	<input type="checkbox"/> College Drive	<input type="checkbox"/> Commerce Court	<input type="checkbox"/> Aviation
<input type="checkbox"/> NPREP	<input type="checkbox"/> Student Success Services	<input type="checkbox"/> First People Centre	<input type="checkbox"/> First Generation

COURSES TO BE TUTORED					
1	<table border="1"> <tr> <td>Course Code</td> <td>Course Name</td> </tr> <tr> <td colspan="2">Instructor's Name</td> </tr> </table>	Course Code	Course Name	Instructor's Name	
Course Code	Course Name				
Instructor's Name					
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Instructor's Name					

STUDENT SIGNATURE

THIS AGREEMENT ENTITLES YOU TO 10 HOURS OF TUTORING (optional additional hours per fee) review of my attendance and/or grades through D2L, the faculty or the Admissions office.

Signature		Date	
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OFFICE USE ONLY			
Tutor		Contacted:	
Tutor		Contacted:	
Fee Paid <input type="checkbox"/>	Pay Sheet <input type="checkbox"/>	Notes	



**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

The information on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002. If you have any questions about this form or the collection of data please contact Susan Pratt: Senior Human Resource Consultant 474-7600 ext.5448 100 College, P.O Box 5001, North Bay, Ontario Revised: September 2013

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