



TRiO/STUDENT SUPPORT SERVICES

Salt Lake Community College

Peer Tutor Application



Name: _____ Student #: _____ Date: _____

Address: _____ Phone: _____
street city/state zip

Email Address: _____

Are you an International Student? ☐Y ☐N If Yes, type of Visa _____ Visa # _____

Major: _____ Cumulative GPA: _____

☐Y ☐N May we give your phone number to our student once tutoring is set up?

☐Y ☐N Are you eligible for College Work Study?

Student Support Services peer tutors must:

- *Maintain a cumulative and semester GPA of 2.5 or higher*
- *Receive grades of A or B in courses to be tutored*
- *Submit one letter of recommendation from a faculty member, preferably in the course you will be tutoring. (Please discuss various options for submission during your interview.)*

Additional Information:

1. Are you currently a student? ☐Y ☐N Where? _____
2. Do you have a Bachelor's degree? ☐Y ☐N In what? _____
3. Have you ever been a tutor? ☐Y ☐N Where? _____

4. Can you tutor at South City Campus? ☐Y ☐N

5. Briefly explain what qualities/skills you have that would make you an effective peer tutor.

1. What languages(s) do you speak? _____

List College courses that you are qualified to tutor, provide all information requested below.

Subject (i.e. Math)	Course Number	Instructor's name	Grade

RELEASE OF INFORMATION

I, _____, understand Student Support Services will gather information concerning my grade point average and courses taken to determine my qualifications as a tutor for SSS and that this information will remain confidential. I understand that this information is gathered upon application and on an ongoing basis. I certify that the information provided on this application is true and complete to the best of my knowledge. I agree to provide documentation upon request to verify the information reported.

Signature

Date

** For Office Use Only **

Interviewed by _____ Date _____

Comments _____

- ☐ Available: schedule in book, application in pending
- ☐ Referred to complete hiring paperwork
- ☐ Returned to pending

TUTOR SCHEDULE _____ TERM

Tutor Name _____ Date _____

Phone _____ Other phone/pager/message/work number we may call _____

Comments _____

Hiring paperwork ☐ In File ☐ Not Complete ☐ Completed (date) _____

Course/Number that you can tutor. (i.e. MTH 1050, CHEM 1010, etc.)

Please mark out the times you cannot tutor!

TIME	SUN	MON	TUE	WED	THU	FRI	SAT
7AM							
8AM							
9AM							
10AM							
11AM							
12PM							
1PM							
2PM							
3PM							
4PM							
5PM							
6PM							
7PM							