



## Section of Academic Support Application for Peer Tutor Position

Name:	Student ID#:		
Cell Phone:	QU Email: _		
Class/Status: ☐ Freshm	an 🗆 Sophomore	☐ Junior	□ Senior
College:			
Major:	Minor: _		_
Cumulative GPA:	Estimated Gra	duation Date: _	
Please list all QU courses y Please be as specific as po			
1.			
2.			
3.			
4.			
5.			
Approximately how many I are 4 hours 6 hours	hours do you have ava 8-10 hours	nilable to tutor	per week?
Are you willing to tutor:	□ Individually □ Group	Sessions	
Are you currently employe  ☐ Yes ☐ No If yes, where			





## Please answer the following questions in the spaces given below, or attach your responses on a separate page.

1.	1. Why do you want to be a Peer Tutor for the Student Learning Su	upport Center?
	<ol> <li>Please list any related experience and/or strengths or skills that position.</li> </ol>	you can bring to the
3.	3. What do you feel are the major difficulties students experience i tutor?	n the course(s) you wish to
4.	4. Please list any extracurricular activities you are involved in.	
Sig	Signature: Date:	





## **Section of Academic Support**Tutor Recommendation Form

Dear Student,

Please ask a faculty member who is familiar with your knowledge and skills in one of more of the courses you wish to tutor to sign this form.

(Please contact SAS at academicsupport@qu.edu.qa if you have any questions about this form.)

To be completed by the Student:	
Name:	
Course(s) you wish to tutor:	
Grade(s) in Course(s):	
Professor completing form:	
To be completed by the Professor:	
Dear Professor, The above named student has submitted an application to the Student Learning Support Cent tutor students currently enrolled in the above named course. One of the requirements to be a tutor is a recommendation by the professor he/she had in the course or by another professor qualified to judge his/her competency in the course material. If you believe that this student would make a competent tutor for students currently enrolled in this course, please signify by signing your name below.	
Professor's Name: Signature:	
Date	
Comments (optional):	
Thank you for your recommendation! We hope that you will encourage students to use the Center's tutoring and academic support programs if they are in need of additional academic assistance in your course.	

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