

# Peer Tutor Request & Intake Form

Note: This form will be viewed by the Learning Success Coordinators and your Peer Tutor

First Name:	Program:
Last Name:	International Student:
Phone # :	Date of request:
Email Address:  @edu.selkirk.ca	Tutor Assigned:  Date:  Date of first contact:

Course Code: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Is this the first time you've taken this course?      Yes                      No, it's my \_\_\_\_\_ attempt.

Have you spoken or communicated with your instructor about the difficulties you have had?

Please identify the content or area of the course that you are having difficulty with:

How would you describe your overall study habits?

On average how much time do you spend studying or doing homework for this course:

Anything additional to add? Please include any specific learning needs or other information that may be useful for the Learning Success Centre to know to support your academic success

Please complete the following schedule noting **when you are available meet with a tutor**.

8-9    9-10    10-11    11-12    12-1    1-2    2-3    3-4    4-5    5-6

Monday

Tuesday

Wednesday

Thursday

Friday