

Peer Tutor Request

Return completed form to: Ciaran Gilmore, Peer Tutoring Coordinator cgilmore@smcvt.edu

Date: _____

First Name: _____

Preferred Name: _____

Middle Initial: _____

Last Name: _____

SMC email: _____

Cell Phone: _____

To assist in providing you the appropriate support please check all that apply:

Time Management

Test/exam preparation

Effective textbook reading

Effective note-taking strategies

Other skill/topic (briefly describe)

Course #

Course Title

Instructor's Signature

(Confirms the student has met with you to discuss their progress and desire to work with a peer tutor)

In order to connect you with a tutor available to meet your needs, please indicate the level of tutoring you anticipate using per course:

1 hour weekly

Course(s) _____

2 hours weekly

Course(s) _____

Intermittent (ex. before exams but not meeting consistently week-to-week)

Course(s) _____