

**CDL Office of Academic Support  
Peer Tutor Request Form**

**Student ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Area of Study/  
Concentration:** \_\_\_\_\_

**I am requesting tutoring for the following course (*please list exact course title*):**

**Course Title:** \_\_\_\_\_ **Instructor:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_ **Instructor:** \_\_\_\_\_

Areas I need assistance: (*check all that apply*)

**Review of course content and concepts**       **Preparation for an assignment**       **Keep up with pace of course**

**Other:** \_\_\_\_\_

**To date, I have utilized the following college resources and supports:**  
(*check all that apply*)

1.  Tutoring Services available at Smarthinking.com. *Please indicate which subject areas:*

<input type="checkbox"/> Biology	<input type="checkbox"/> Accounting
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Economics
<input type="checkbox"/> Physics	<input type="checkbox"/> Finance
<input type="checkbox"/> Statistics	<input type="checkbox"/> Writing
<input type="checkbox"/> Math	<input type="checkbox"/> Spanish & Spanish Writing

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2.  College Writing & Reading – Assistance and Resources
- Smarthinking’s Online Writing Review Center
  - ESC Writing Resource Center
  - ESC Writer’s Complex
3.  Mathematics – Assistance and Resources
- Smarthinking’s Online Math Tutoring services
  - ESC’s Online Mathematics Library
  - Additional ESC Math Resources
4.  Study Skills – Assistance and Resources
- Time Management
  - Goal Setting Resources
  - Learning Style Materials

**Other:** \_\_\_\_\_

**I learn best by:**

- |  |  |
|--|--|
| <input type="checkbox"/> Writing things over and over  | <input type="checkbox"/> Looking at a problem step by step       |
| <input type="checkbox"/> Listening to someone explain it   | <input type="checkbox"/> Using flash cards                       |
| <input type="checkbox"/> Looking at diagrams and figures   | <input type="checkbox"/> Doing a problem by myself               |
| <input type="checkbox"/> Making songs, rhymes, phrases and other methods to memorize information | <input type="checkbox"/> Doing a problem with help from my peers |
- Other \_\_\_\_\_

*By checking this box, I understand that the CDL Peer Tutoring Program is a voluntary program and that a Peer Tutor may not be available for the course I listed above. I understand I am ultimately responsible for the grade I receive in this course. I also acknowledge that I have read the Peer Tutoring FAQ's, and I agree to follow the expectations set forth in the Role of the Tutor and the Role of the Tutee documents. Further, I will complete the required Mid-Term Feedback form and verify Tutee Progress Report, which the Tutor completes.*