



# PEER TUTORING PROGRAM (TUTOR APPLICATION)

Tutor Name: \_\_\_\_\_

Student #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Campus: \_\_\_\_\_

Subject(s) which you are qualified to tutor:

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

List any tutoring/teaching experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process this peer tutor application. It will only be used for this purpose. This personal information may be disclosed to faculty and student requesting a tutor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Associate Vice-President of Student Services at 709-643-7835. For more information about the ATIPPA please visit [www.cna.nl.ca/about/atippa.asp](http://www.cna.nl.ca/about/atippa.asp).*

*I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.*

\_\_\_\_\_  
Tutor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor/Advisor Signature  
(Indicates Approval of Above-Named as a Tutor)

\_\_\_\_\_  
Date