PEER TUTORING PROGRAM
(STUDENT APPLICATION)

Student Name:_____ CNA Student ID:_____

Email:_____ Phone Number:_____

Program of Study:_____

Campus:_____

Subject(s) which you are requesting tutoring services for:

1. _____ 3._____

2. _____ 4._____

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 the 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- 637-8593. For more information about the ATIPP Act, please visit ATIPPA.

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

_____ _____

Signature Date

_____ _____

Instructor/Advisor Signature Date

(Indicates Above-Named Recommended for Tutoring Services)

FOR OFFICE USE ONLY

Course:_____ Assigned Tutor:_____

Course:_____ Assigned Tutor:_____

Course:_____ Assigned Tutor:_____

Course:_____ Assigned Tutor:_____