

**Peer Tutor Application Form
Valdosta State University
Student Success Center**

Date: _____ VSU ID#: _____

Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ VSU Email: _____

Class: Fresh _____ Soph _____ Jun _____ Sen _____ Grad _____

Major: _____ Cum GPA: _____

How did you hear about tutoring openings at the SSC?

Have you worked in other departments on campus? If yes, please list where you worked.

Please list courses in which you are interested in tutoring **by course number**. Please indicate the grade(s) you received in each course.

Please indicate any relevant tutoring and/or leadership experience you have had.

As part of this application, you need to submit two (2) faculty recommendations.

Recommendation 1:

Name: _____ Phone: _____
Title: _____ Email: _____
Dept: _____

Recommendation 2:

Name: _____ Phone: _____
Title: _____ Email: _____
Dept: _____

Please respond to the following:

Briefly discuss the reasons you want to be a peer tutor, indicating the skills you have that will make you an effective tutor, and what you believe to be the responsibilities and limitations of a peer tutor.

Signature: _____ Date: _____

Please return this application and recommendation forms to Dr. Chere Peguesse, Director or Terence Sullivan, Academic Advisor/Tutor Coordinator, Student Success Center, Langdale Hall, Mezzanine. For information please contact ssc@valdosta.edu or 229-333-7570.