Student Support Services Peer Tutor Application

Name:	
Date of Birth:	
Student ID # D	
Address:	
Phone:	
Email:	
Are you currently working for DSCC in any other cap If yes, how many hours a week are you working?	
To be considered for a tutoring position, the applicant have earned at least a "B" in the subject they wish to	
Subject(s) you wish to tutor:	
By signing below. Lacknowledge that I meet the above	a requirements to become a peer tutor for

By signing below, I acknowledge that I meet the above requirements to become a peer tutor for the Student Support Services Program at DSCC. I also give permission for the SSS staff to access my transcript to verify my GPA and course grades to determine my eligibility.

Signature

Date