

Beacon College  
Center for Student Success

Peer Tutor Application

First Name:

Last Name:

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Phone Number:

Email Address:

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Address:

City:

State:

Zip:

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Major:

Minor:

GPA:

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I agree to comply with all Beacon College policies that every person served has the right to privacy in all matters concerning their academic progress. Any and all information concerning or identifying students or former students utilizing the Peer Tutoring Program is confidential and is not to be disclosed without proper authorization.

Nominating Faculty Signature:

Subject(s):

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Peer Tutor Applicant:

Date:

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Peer Tutor Supervisor:

Date:

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