

# Peer Tutoring Program Application Form

Cabrini University  
Center for Student Success  
Iadarola Center, Room 109A  
610-902-8443  
[peertutoring@cabrini.edu](mailto:peertutoring@cabrini.edu)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID# \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail \_\_\_\_\_

Class Year: \_\_\_\_\_ Major: \_\_\_\_\_

Cumulative GPA : \_\_\_\_\_ GPA in your major: \_\_\_\_\_

Subject(s) to be tutored: \_\_\_\_\_  
\_\_\_\_\_

Name of professor (s) who will send recommendation (one recommendation required for each subject you plan to tutor): \_\_\_\_\_

Times available for tutoring, based on next semester's course schedule (am/pm):

Mon. \_\_\_\_\_ / \_\_\_\_\_ Thur. \_\_\_\_\_ / \_\_\_\_\_

Tues. \_\_\_\_\_ / \_\_\_\_\_ Fri. \_\_\_\_\_ / \_\_\_\_\_

Wed. \_\_\_\_\_ / \_\_\_\_\_

To complete your application, please provide a brief character sketch of yourself. Also, discuss why you are interested in peer tutoring.

**\*Along with this application include two recommendations from professors in the appropriate subject area. The Faculty Recommendation form need not accompany your application. Please have professor interoffice mail the recommendation form to the Coordinator of the Peer Tutoring Program, IAD 109A.**