



PEER TUTORING VERIFICATION FORM

Per Policy 03:10:00 On-Campus and Online Student Services, subsection *On-Campus Peer Tutoring*, the following named student has requested Peer Tutoring:

Student Name: _____

Course Name: _____

Quarter/Year this applies to: _____

Time spent in Smarthinking on this subject matter: _____

Peer Tutor request approved?: Yes No

If not approved, please explain why: _____

Name of Peer Tutor Student Assigned to: _____

Is Peer Tutor requesting Leadership Clinical Hours: Yes No

Number of hours Peer Tutor spent with this student: _____

By our signatures below, we are affirming tutoring was given/received and the time spent is correct and accurate.

Student Signature: _____ *Date:* _____

Peer Tutor Signature: _____ *Date:* _____

Reviewed and Approved by: _____ *Date:* _____