



# PEER TUTORING CENTER

## ACADEMIC TUTOR SCHEDULING FORM

1<sup>st</sup> Semester

2<sup>nd</sup> Semester

Name: \_\_\_\_\_ Year: **Soph. Jr. Sr.**

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Teacher Advisor \_\_\_\_\_  
Print name:

**Fill in period, lunch, and after-school times you are available to tutor**

If you have no prep period, you must make yourself available at lunch or after school.

MON	TUES	WED	THURS	FRI

**List all the courses you are willing to tutor** (e.g., algebra 1.1, geometry, Spanish I-4, etc.):

How many tutoring appointments would you like each week? \_\_\_\_\_

Are you willing to accept one-time tutoring assignments when students have urgent need of help? \_\_\_\_\_

**Please list your class schedule below:**

PERIOD	CLASS	TEACHER
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____