



**Qatar University  
Student Learning Support Center**

**Application for Peer Tutor Position**

Name \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Campus Box (or off-campus address) \_\_\_\_\_

Class/Status  Junior  Sophomore  Senior

Major \_\_\_\_\_

College \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Estimated Graduation Date \_\_\_\_\_

**Please list all QU courses you feel most qualified to tutor, in order of preference. Please be as specific as possible (i.e. course number and/or title).**

- 1
- 2
- 3
- 4
- 5
- 6

**Approximately how many hours do you have available to tutor per week?**

- 4 hours       6 hours       8-10 hours       more than 10 hours

**Are you willing to tutor:**  individually  small group (2-4 students)

*\*Please note that group opportunities are not always available and that tutors are given group tutoring opportunities at the discretion of the Center Director*

**Are you currently employed by Qatar University?**

- Yes  No      If yes, where do you work? \_\_\_\_\_

**Please answer the following questions in the spaces given below, or attach your responses on a separate page.**

**1. Why do you want to be a Peer Tutor for the Student Learning Support Center?**

**2. Please list any related experience and/or strengths or skills that you can bring to the position.**

**3. What do you feel are the major difficulties students experience in the course(s) you wish to tutor?**

**4. Please list any extracurricular activities you are involved in.**

Please drop off your completed application and recommendation form to Somia Salih, Room#208 Female Activities Building or Mohammed Elsayed, Room#108 Male Activities Building or you can send them via email to [somiasalih@qu.edu.qa](mailto:somiasalih@qu.edu.qa).

## Tutor Recommendation Form

Please ask a faculty member who is familiar with your knowledge and skills in one of more of the courses you wish to tutor to sign this form.

(Please contact Somia Salih at [somiasalih@qu.edu.qa](mailto:somiasalih@qu.edu.qa) if you have any questions about this form.)

*To be completed by the Tutor*

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

Course(s) you wish to tutor: \_\_\_\_\_

Grade(s) in Course(s): \_\_\_\_\_

Professor completing form: \_\_\_\_\_

*To be completed by the Professor*

Dear Professor:

The above named student has submitted an application to the Student Learning Support Center to tutor students currently enrolled in the above named course. One of the requirements to be a tutor is a recommendation by the professor he/she had in the course or by another professor qualified to judge his/her competency in the course material. If you believe that this student would make a competent tutor for students currently enrolled in this course, please signify by signing your name below.

If you have any questions or comments about this form, please feel free to contact Somia Salih at 485-2730.

Professor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Comments (optional):

Thank you for your recommendation! We hope that you will encourage students to use the Center's tutoring and academic support programs if they are in need of additional academic assistance in your course.