

**Division of Student Services and Development (DSSD)
Student Life and Development Department (SLDD)
Peer Tutoring Programme
STUDENT INFORMATION**

Today's date: ___/___/___
(Day/month/year)

PERSONAL INFORMATION

Date of birth: ___/___/___
(Day/ month/ year)

Gender (Please tick ✓ the appropriate box): Female Male Other _____

Name (BLOCK LETTERS): _____

Local Address (BLOCK LETTERS): _____

Country of Origin: _____

Mobile Contact #: _____ Other Contact#: _____

Emergency Contact #: _____ Relation: _____

Student E-mail Address: _____
(e.g. john.smith@my.uwi.edu)

Other E-mail Address: _____

ACADEMIC INFORMATION

UWI ID # _____

Faculty: _____ Department: _____ Major: _____

Year of Study: _____ Year Expected to Graduate: _____
(e.g. Year 1)

Current Level (Please tick ✓ the appropriate box): Postgraduate Undergraduate Other

Enrolment (Please tick ✓ the appropriate box): Full-time Part-time Evening

ONLINE INFORMATION

Preferred online platform: _____

Preferred email (Please tick ✓ the appropriate box): Student email Other email

Please indicate the courses for which you are requesting assistance – Maximum of three (3) courses:

COURSE CODE (e.g. FOUN 1101)	COURSE TITLE (e.g. Caribbean Civilization)

**Division of Student Services and Development (DSSD)
Student Life and Development Department (SLDD)
Peer Tutoring Programme
STUDENT INFORMATION**

Please indicate type of assistance needed based on your challenges being experienced e.g. I cannot understand the course content or I need assistance to pass my midterms:

Student Signature: _____

FOR OFFICIAL USE ONLY:

Tutor Assigned per course:

Staff Signature: _____

Date: _____