



## Peer Mentor Request Form

Faculty Name:

Date:

Email:

Phone Number

Semester Requesting PM: Summer

Fall

Spring

Year:

Course(s) Requested:

Section:

Class Day(s):

Class Time:

Location:

Is your class being offered

Online

In person

Hybrid

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I am willing to accept a Peer Mentor in the follow timeline prior to the start of the class-

No less than **2 weeks** prior to the first day of class

No less than **1 week** prior to the first day of class

No less than **2 day** prior to the first day of class

At **any time during the first week** of class

Do you have a Triton Student that you would like to recommend to be your peer mentor?

Please provide a short description of your ideal Peer Mentor for your class.

I acknowledge that the purpose of this form it to provide appropriate information for the staff to effectively pair Faculty and Peer Mentors. Completion of this form does not guarantee the placement of a Peer Mentor in your class.

**Please return this form by email to Student Success Strategist, Christina Hunt at [ChristinaHunt@triton.edu](mailto:ChristinaHunt@triton.edu)**