

# First Year Seminar Peer Instructor Application

## (Returning Peer)

Name: \_\_\_\_\_ Bengal ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ ISU Email: \_\_\_\_\_

Current Class Level:  Sophomore  Junior  Senior

Major: \_\_\_\_\_

Cumulative GPA (Minimum 2.75): \_\_\_\_\_

Indicate which semester(s) you are willing and/or able to be a peer instructor:  AS11  AF11

Please list your past FYS co-instructors: \_\_\_\_\_

\_\_\_\_\_

Why do you want to be a returning Peer Instructor?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will FYS students benefit as a result of you returning as a Peer Instructor?

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Please return this form by **March 31, 2011** to:  
Catina Tharp ❖ Director, Academic Programs  
Student Success Center ❖ REND 323 ❖ 208-282-3933