

Peer Academic Coaching (PAC)

Office of Student Academic Support Services (SASS)

PAC Request Form

2019-2020

I _____ wish to participate in the PAC program for the discipline of _____.

I understand that I may meet with a peer academic coach for

- One-on-one coaching
- Small group coaching (2-4 students)
- Large group coaching (5+ students)

All coaching must have approval from the Office of Student Academic Support Services.

I give permission to the University of Central Florida's College of Medicine's Office of Student Academic Support Services to match me with a peer academic coach. I recognize that in doing so, I am disclosing to other students information regarding my academic performance that is otherwise protected by FERPA. In addition, the Office of Student Academic Support Services may have to disclose information regarding my academic performance to my peer academic coach in order to guide him/her in providing these services to me. I consent to such disclosures.

Date: _____

Signature: _____

Class Year: _____

Preferred Learning Style: _____

Email: _____

Phone: _____

Return to COM 205, Office of Student Academic Support Services

407-266-1394, SASSCOM@ucf.edu