

UM School of Pharmacy
Student Services Office
Request for Tutoring Contract Form

I agree to accept peer tutoring from the Student Services Office under the terms and conditions listed below. I agree to:

- ✓ Contact the tutor within 48 hours to arrange tutoring sessions.
- ✓ Attend scheduled tutoring meetings to discuss and evaluate the tutoring program.
- ✓ Attend all review sessions offered by the coursemaster and teaching assistant when possible.
- ✓ Accept tutoring on a 1st come, 1st serve basis.
- ✓ Arrange to meet with tutor(s), at mutually agreed times and locations, for tutoring sessions.
- ✓ Prepare questions and identify material to preview prior to the scheduled tutoring session to maximize time spent in the session.
- ✓ Have this *Tutoring Contract* terminated immediately if I miss two scheduled tutoring appointments without prior notice to the tutor and forfeit the opportunity to receive future tutoring services.
- ✓ Provide the Director of Student Services and the tutor(s) with at least 24 hours advanced notice if I am unable to keep a scheduled tutoring appointment.
- ✓ Provide the Director of Student Services 48 hours written notice if tutoring is no longer needed.

Tutors will not be assigned before a contract is signed. Please complete the information below and return the signed contract to Ms. Hayes, 230PH. Ask for a copy of the contract information above for your records .

Signature _____ Date _____

Name (Print) _____

Phone Number _____ Class Year _____

E-Mail _____

Address _____

List All Courses Tutoring Needed For _____

For Official Use Only

Do Not Write Below This Line

Date Assigned	Name of Tutor(s)/Courses