

UM School of Pharmacy, Shady Grove Campus, Administrative Office

Tutor Contract Form

I agree to serve as a peer tutor for the School of Pharmacy, Shady Grove Campus, under the terms and conditions listed below. I agree to:

- ✓ Attend 1 tutor training session at the beginning of the semester I begin tutoring.
- ✓ Attend scheduled tutor meetings to discuss and evaluate the tutoring program. If I tutor outside of the School of Pharmacy, I will phone or E-mail the Coordinator at Shady Grove on the day of the scheduled meeting to provide the requested information.
- ✓ Provide tutoring for a minimum of 2 hours and a maximum of 10 hours per week, except editing papers which is done on an as need basis, at a salary of \$ _____ per hour.
- ✓ Tutor up to 3 tutees on a 1st-come-1st-serve basis or small groups, as my schedule permits.
- ✓ Contact the person I have been assigned within 48 hours and arrange a meeting at a mutually agreed on time and location.
- ✓ Submit bi-weekly time sheets that *accurately* reflects the amount of time that I have tutored on the scheduled due date to the Coordinator at Shady Grove.
- ✓ Provide Dr. Heather Congdon, Assistant Dean at Shady Grove, with consistent feedback about the student's academic progress, study habits, and any issues which arise with the tutoring process and program.
- ✓ Provide the Coordinator at Shady Grove and the tutee(s) with at least 24 hours advanced notice if I am unable to keep a scheduled tutoring appointment.
- ✓ Have this contract terminated and coursemaster informed, if recommended by a faculty, if fail to provide tutoring as required.
- ✓ Provide the Coordinator at Shady Grove 48 hours written notice if I terminate this agreement.
- ✓ Be evaluated by the tutee(s) and have the evaluation shared with the coursemaster.

You will not be assigned student to be tutored until you have signed a contract. Please complete the information below and return the form to the *Coordinator at Shady Grove, Building I, Room 106.*

Signature _____ Date _____

Name (Print) _____ Class Year _____

Phone Number _____ SSN _____

E-Mail _____

Address _____

List All Courses Will Tutor: _____

Will Tutor (check all that apply): Small groups only Small groups and individuals Individuals only

| For Official Use Only Do Not Write In this Space | |
|--|------|
| Activity | Date |
| Memo to Payroll Office | |
| Confidentiality Statement Submitted | |
| Tutoring/ Payroll Information Memo | |
| Attend Tutor Training | |