## UM School of Pharmacy, Shady Grove Campus

# *Request for Tutoring Contract Form*

I agree to accept peer tutoring from the University of Maryland School of Pharmacy, Shady Grove Campus, Administrative 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 sessions to maximize time spend 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 Coordinator at Shady Grove and the tutor(s) with at least 24 hours advanced notice if I am unable to keep a scheduled tutoring appointment.
- ☑ Provide the Coordinator at Shady Grove 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 the *Coordinator at Shady Grove, Building I, Room 106.***

**Signature** _____ **Date** _____

**Name (Print)** _____

**Phone Number** _____ **Class Year** _____

**E-Mail** _____

**Address** _____

**List All Courses Tutoring Needed For:** _____

***** For Official Use Only*** ***Do No Write Below This Line***

| **Date Assigned** | **Tutor(s)/ Courses** |
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