

UMB School of Pharmacy Student Affairs Office

Baltimore Campus *Request for Tutoring Contract Form*

I agree to accept peer tutoring from the Student Affairs 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 or via method indicated below, 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 Office Manager, Student Affairs and the tutor(s) with at least 24 hours advanced notice if I am unable to keep a scheduled tutoring appointment, or 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. Bonaparte, 764PH. Download a copy of the contract from <http://www.pharmacy.umaryland.edu/StudentAffairs/Tutoring/tutecontra.PDF> for your records.

Signature _____ **Date** _____

Name (Print) _____

Phone Number _____ **Class Year** _____

E-Mail _____ **School** _____

Address _____

I will accept tutoring via the following methods: ___ in person ___ webcam ___ skype ___ email

List all courses (titles) for which tutoring is requested: _____

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|--|-------------------------|
| <i>For Official Use Only Do Not Write Below This Line</i> | |
| Date Received | |
| Date Assigned | Courses/Tutor(s) |
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