

UM School of Pharmacy Student Affairs Office

General Tutor Contract Form

I agree to serve as a peer tutor for the Student Affairs Office under the terms and conditions listed below. I agree to:

- ✓ Attend 1 tutor training session at the beginning of the semester.
- ✓ 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 Office Manager, Student Affairs abonapar@rx.umaryland.edu 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 tutee(s) 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 Office Manager, Student Affairs.
- ✓ Provide the Office Manager, Student Affairs with consistent feedback about the student's academic progress, study habits, and any issues which arise with the tutoring process and program.
- ✓ Provide the Office Manager, Student Affairs 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 my professor informed, if I am recommended by a professor, when I fail to provide tutoring as required.
- ✓ Provide the Office Manager, Student Affairs 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 *Ms. Bonaparte, 764PH*. Download a copy of the contract for your records at: <http://www2.pharmacy.umaryland.edu/administration/studentaffairs/tutoring/>.

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 and individuals Individuals only Small groups only