

UM School of Pharmacy Student Affairs Office

Immunology 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, if scheduled, 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 Student Affairs Office at studentaffairs@rx.umaryland.edu on the day of the scheduled meeting to provide the requested information.
- ✓ Have taken an Immunology course at an accredited college/university in the past 2 years and received a grade of B or better.
- ✓ Must be officially assigned tutees through the Student Affairs Office (722PH) and tutor them in the same Immunology class according to the course master's requirements.
- ✓ Provide tutoring for a minimum of 2 hours on the subject material covered that week.
- ✓ Tutor up to 3 students on a 1st-come-1st-serve basis or small groups, as my schedule permits.
- ✓ Contact the tutee(s) within 48 hours and arrange a meeting at a mutually agreed upon time and location.
- ✓ Submit bi-weekly time sheets to the Student Affairs Office, on the scheduled due date, that **accurately** reflects the amount of time that I have tutored.
- ✓ Provide the Student Affairs Office with consistent feedback about the tutee's academic progress, study habits, and any issues which may arise during the tutoring process and program.
- ✓ Provide the Student Affairs Office 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 Student Affairs Office 48 hours written notice if I terminate this agreement.
- ✓ Be evaluated by the tutee(s) and have the evaluation shared with the course master.

You will not be assigned student to be tutored until you have signed a contract. Please complete the information below, have the course master sign it, and return the form to *the Student Affairs Office, 722PH*. Keep a copy of this contract for your records. Download the form from <http://www2.pharmacy.umaryland.edu/administration/studentaffairs/tutoring/>.

Course Master Signature _____ Date _____

Tutor Signature _____ Date _____

Name (Print) _____

Phone Number _____ Class Year _____

E-mail _____

Address _____