

DARTON COLLEGE PEER TUTORING AGREEMENT

Please return this form to C-227 or e-mail it to deena.newman@darton.edu to secure a tutor.

_____ Fall _____ Spring _____ Summer

Client Name: _____ Student ID Number: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

Subject for which a tutor is needed: _____

1. I understand I am required to schedule my own sessions with the tutor by e-mailing or calling the tutor whose name and number I am given.
2. I understand that I can have no more than three hours of tutoring per week.
3. I understand that tutoring sessions are held only on campus, usually in C-144, between the hours of 9 a.m. and 8 p.m. Monday through Thursday and from 9 a.m. until 5 p.m. on Friday. I will sign in and out on the computer each time.
4. I will notify my tutor or the tutoring coordinator if I have to miss a scheduled tutoring session. I understand that my tutor does not get paid if I don't show up.
5. I will prepare for each session. I will bring all books, papers, notes, and related information to the tutoring session and will be ready to ask specific questions about class work and things I do not understand.
6. I understand that tutoring sessions will not be held on state or federal holidays or when the campus is closed.
7. I will be on time for my tutoring sessions. I understand that the tutor will wait only 15 minutes before leaving.
8. I understand that if I have two (2) unexcused absences, tutoring services will be terminated.
9. I will contact Deena Newman at 317-6738 if I have concerns about my tutor.

I have read the procedures above and agree to abide by them.

Signature of Client: _____ Date: _____