

Mathematics Tutorial Lab Student Contract

Please print all information in ink (blue or black)

Name: _____ Major: _____ Course: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Classification: _____ High School: _____

Email Address: _____ Telephone: _____

I agree to fulfill the following responsibilities during the duration of this contract.

1. Work with the tutor to make sure that he or she understands my concerns.
2. Attend all scheduled sessions.
3. Attend all sessions on time.
4. Contact the tutor or Tutoring Office at least 24 hours in advance if it is impossible to attend a scheduled session.
5. Come prepared to all tutoring sessions.
 - a. Attempt all teacher and tutor assigned work to the best of my ability.
 - b. Accept responsibility for my learning.
6. Recognize that the “Tutor cannot perform miracles”.

I understand that the tutor has similar responsibilities and that my tutoring information may be reported my instructor and administrative personnel.

Please place an “X” in the boxes when you have classes, work, or extracurricular activities

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					

I give the instructor permission to view my final grade.

Student’s Signature

Tutor Signature

Date