

TUTORIAL CONTRACT

(not valid without **all** signatures)

ACADEMIC TERM: (please indicate one)

FALL 2019 SPRING 20 SUMMER 20

READ IMPORTANT GUIDELINES ON REVERSE SIDE

1 TO BE COMPLETED BY PERSON REQUESTING TUTORIAL:

(please print clearly)

MAILBOX # _____

STUDENT'S NAME _____ ID NUMBER _____

MAJOR _____ PROGRAM OF STUDY _____ EXPECTED GRAD DATE _____

SUBJECT _____ TUTORIAL REQUESTED BY _____

REASON _____

2 TO BE COMPLETED BY INSTRUCTOR IN CONSULTATION WITH BOTH TUTOR & STUDENT:

INSTRUCTOR'S NAME _____ MAILBOX # _____

TUTOR'S NAME _____ MAILBOX # _____

TUTORIAL TO BEGIN WEEK OF _____ TO END WEEK OF _____

NUMBER OF **WEEKLY** TUTORING HOURS REQUIRED/REQUESTED _____ TOTAL HOURS _____

Note: Tutors will not be paid for unauthorized additional sessions in excess of this contract.

3 ACKNOWLEDGMENT THAT GUIDELINES HAVE BEEN READ → SIGNATURES REQUIRED:

STUDENT _____ Date _____

TUTOR _____ Date _____

INSTRUCTOR _____ Date _____

4 TO BE COMPLETED BY OFFICE OF ACADEMIC SUPPORT SERVICES (ROOM 224):

ACADEMIC CREDIT: Yes No (remedial)

FEE PER HOUR: \$ _____ TOTAL HOURS: _____ TOTAL FEE: \$ _____

METHOD OF PAYMENT:

The fee will be billed to the student's tuition account in advance of the tutoring.

Note: Student must report to the Business Office to make payment arrangements.

Other (specify) _____

AUTHORIZED BY: _____ Date: _____

Vice President of Enrollment Management and Student Development

IN CONJUNCTION WITH OFFICE OF FINANCIAL AID & ACADEMIC AFFAIRS

Original: Academic Support Services **Copies:** Registrar; Academic Affairs; Bursar or Enrollment Management; Instructor; Student; Tutor

The Juilliard School
Academic Support Services, August 2015