

Tutor: _____

Appt: _____

PLEASE PRINT

LAST NAME: _____ FIRST NAME: _____ STUDENT #: _____

TELEPHONE (home) _____ (cell) _____ EMAIL: _____@stclaircollege.ca

Tutoring Services will communicate with you about your request using your College email address. Please ensure we have your proper St. Clair College email address and that you check this email regularly.

PROGRAM: _____ YEAR: 1 _____ 2 _____ 3 _____

COURSE NAME and CODE: _____

STUDENT AGREEMENT

PLEASE READ VERY CAREFULLY:

- I am currently registered in the course in which I wish to be tutored. I will attend classes, do my homework, come prepared with questions and be on time for my appointment(s). I will not expect the tutor to do my work.
- I will be allowed two (2) sessions of tutoring per week/per course to a maximum of 6 sessions of tutoring per week.
- I understand that I will be contacted regarding appointments through my college email account and will monitor this account regularly.
- If I am not contacted within **one (1) week** of my application, I will contact the Peer Tutoring Coordinator for an update on the status of my request.
- I understand that my contact information including email and telephone number will be used by the Peer Tutoring Coordinator and tutors to communicate with me about my request and appointments.
- I will inform staff in Student Services immediately if I have any problems or concerns with my Tutor.
- I will return any materials loaned to me by my Tutor or replace the value of the item if lost.

CANCELLATION POLICY:

If I need to cancel an appointment, I will notify a member of the Peer Tutoring team **24 hours** in advance by email or by calling **519-354-9714**: Mary Beth, Peer Tutoring Coordinator, **extension 3215**, mbrush@stclaircollege.ca or Carolyn, departmental secretary, extension **3306**, cmcrobbie@stclaircollege.ca

If I frequently miss, cancel or come unprepared to my appointments, I may be required to meet with the peer tutoring coordinator in order to continue in the peer tutoring program.

I HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND THAT FAILURE TO COMPLY WITH THESE TERMS MAY RESULT IN A WITHDRAWAL OF SERVICES

STUDENT SIGNATURE

DATE

PLEASE INDICATE WHEN YOU ARE AVAILABLE FOR TUTORING BY MARKING AN "X" IN ALL AVAILABLE TIMES

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8:00						
9:00						
10:00						
11:00						
12:00						
1:00						
2:00						
3:00						
4:00						
5:00						
6:00						
7:00						
8:00						