TUTORIAL CONTRACT
(not valid without all signatures)

ACADEMIC TERM: (please indicate one)
☐ FALL 2019 ☑ SPRING 2020 ☐ SUMMER 2020

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: __________________
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