

# Academic Resource Center Tutoring/Academic Coaching Contract

Course \_\_\_\_\_ Appt. Day & Time \_\_\_\_\_ (circle one) Weekly Bi-Weekly Other  
Tutor/AC Name \_\_\_\_\_ Tutor/AC Contact Info \_\_\_\_\_

## Tutee Responsibilities:

- Attend class consistently
- **Arrive on time and attend all** scheduled tutoring/coaching sessions; remember: sign in/out at the front desk
- Contact the tutor/AC no less than 12 hours in advance if unable to attend a scheduled session
  - Students who miss a scheduled session without notifying their tutor/AC will be marked as a “no show”
  - Students who have two “no-shows” or more than 3 cancellations will be dropped from the tutor/AC’s schedule
- Bring textbook, notes, homework, pen/pencil, and other necessary materials to each tutoring/coaching session, along with any questions or concerns you may have
- Be respectful of the tutor/AC’s time and understand that the tutor/AC is also a busy, full-time student
- Respect the 1-hour (maximum) time limit set on tutoring/coaching sessions
- Contact the ARC Staff with concerns or questions (716-645-6693 or arctutor@buffalo.edu)

## Tutor/AC Responsibilities:

- Arrive on time for all scheduled tutoring/coaching sessions
- Contact tutee no less than 12 hours in advance should a session need to be rescheduled
- Assist tutee in identifying problem areas through question and answer
- Use examples to demonstrate concepts and theories, providing opportunities for practice
- Confirm the next scheduled appointment prior to the end of the current session
- Respect the student’s privacy and keep discussions held during sessions confidential
- Contact the ARC Staff with concerns or questions

**The tutor/AC and tutee understand the responsibilities listed above.**

Tutee Signature \_\_\_\_\_ Date \_\_\_\_\_

Tutor/AC Signature \_\_\_\_\_ Date \_\_\_\_\_

Separate along dotted line. **Tutee (top portion)** **ARC (bottom portion)**

OFFICE COPY

Tutee’s Name \_\_\_\_\_ UB ID # \_\_\_\_\_

Email address \_\_\_\_\_ @buffalo.edu Cell Phone# \_\_\_\_\_

Course/Instructor \_\_\_\_\_ Weekly Appt. Day & Time \_\_\_\_\_

Assigned Tutor/AC \_\_\_\_\_

CPMC Program (please circle):

CSTEP

SSS

EOP

ACE

McNair

Acker

LSAMP

Tutee Signature \_\_\_\_\_ Date \_\_\_\_\_

Tutor/AC Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Form will be processed, then placed in the tutor/AC’s mailbox\*\***