TUTORIAL PAYMENT FORM

TUTOR'S NAME: _____ COURSE: _____

TUTOR'S HOME ADDRESS: _____

TUTOR'S TELEPHONE NUMBER:_____ TUTOR'S ID NO: A_____

TUTOR'S SIGNATURE: _____

***** all tutoring is paid per hour not per student – group tutoring is strongly encouraged**

DATE	TIME (e.g. 5-7pm)	# OF HOURS	PRINT STUDENT (TUTEE) NAME	PREPARED Y/N (FOR TUTOR)	PROGRESS Y/N (FOR TUTOR)	TUTEE INITIALS

RETURN FORM TO: **PAT WAGNER**
OFFICE OF STUDENT AFFAIRS
NJDS/ROOM B-829