

**CLIENT RESPONSIBILITIES:**

1. I agree that tutoring **will not** take the place of my own study time and I will attend class regularly.
2. I understand that my tutor cannot do my homework for me or provide answers to graded assignments.
3. I will continue to consider my professor the primary source of academic assistance.
4. I will notify my tutor (via email, text, or phone call at least 12 hours in advance if I am unable to meet at our regular meeting time, and understand that my contract will be dissolved if I cancel or “no show” more than **3 times**.
5. I understand that if I do not meet these terms that my contract will be dissolved.

**TUTOR RESPONSIBILITIES:**

1. I will complete my tutoring hours in HRS after each tutoring session.
2. I understand that doing my client’s homework is cheating and I will only offer guidance after they have attempted the assignment on their own. I will adhere to the UW Oshkosh academic integrity policy.
3. I will make sure I let my client know (via text, email or phone call) at least 12 hours in advance of a schedule change, and will fill out a contract modification form if it is a permanent change.
4. I understand that the professor is the primary source of academic assistance and **will encourage** my client to meet with him or her regularly to discuss their progress in the course.
5. I will notify CAR staff if the contract is cancelled.

*My grade goal for this course is: \_\_\_\_\_*

**TUTORING SCHEDULE:**

\_\_\_\_\_ (day of week) @ \_\_\_\_\_ (time of day)

\_\_\_\_\_ (day of week) @ \_\_\_\_\_ (time of day)

Client Name: \_\_\_\_\_ TUTOR Name: \_\_\_\_\_  
(Print name) (Print name)

Client Signature: \_\_\_\_\_ TUTOR Signature: \_\_\_\_\_

Client ID # \_\_\_\_\_ TUTOR ID # \_\_\_\_\_

Client Email: \_\_\_\_\_@uwosh.edu TUTOR Email: \_\_\_\_\_@uwosh.edu

Course Dept. and Number: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

(Example: Biology 105) Date: \_\_\_\_\_

CAR Staff Initials: \_\_\_\_\_