JOHN JAY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
OF CRIMINAL JUSTICE

THE MATH & SCIENCE RESOURCE CENTER

Math Advancement Program (MAP)

Tutee Contract

_____	_____@jjay.cuny.edu		
Student name (last, first)	*John Jay email*		
_____	_____	_____	_____
Address	*City*	*State*	*Zip*
_____	(_____) _____ -- _____	MAT_____	
Last 4 digits of SSN	*Best phone number to reach you*	*Math course you are taking*	

Your weekly one-on-one tutoring session (as assigned by the center director):

_____	_____	_____ A.M. / P.M.	
Tutor	*Day*	*Time*	

*Please **read** the contract carefully, **initial** next to each item, then **sign and date** the contract in the spaces provided.*

1. I will be on time for ALL scheduled appointments and check in at the reception desk upon arrival. If I am more than ten minutes late, it will count as a missed appointment. (_____)
2. If I miss more than two appointments FOR ANY REASON, my participation in the MAP program will be terminated. I understand that in MAP, cancellation and lateness both count as missed appointments. I understand that I can still participate in group tutoring even if my MAP participation is terminated. (_____)
3. I will attend ALL class sessions and take notes. (_____)
4. I will bring my classnotes, textbook, syllabus, pencil, and paper to every tutoring session. (_____)
5. I will attempt to work all of the example and homework problems before each tutoring session. I will come prepared to my sessions with a list of questions and/or problems I want to work on. (_____)
6. If I will be late or miss an appointment, I will call the center at 646-557-4635 and email my tutor directly at _____ (_____)
7. I understand that communication from the center goes directly to my John Jay email address, and I will check my John Jay email regularly. (_____)
8. I understand that my tutor will not help me directly with any graded assignment. Instead, my tutor will work with me on mastering concepts so that I may complete my graded assignments on my own. (_____)
9. When asked to do so, I will complete surveys and evaluations to help the center assess and improve the quality of the MAP program. (_____)

My signature below indicates that I have read the contract, I understand it, and I agree to meet all of its terms. I understand that failure to meet the terms of the contract will result in the termination of my participation in MAP.

_____	_____/_____/_____
Student's signature	Date (mm/dd/yyyy)