

ALBERT EINSTEIN COLLEGE OF MEDICINE
 OFFICE OF ACADEMIC SUPPORT & COUNSELING
 PEER TUTORIAL PROGRAM
 BELFER – 718 430-3154
 AUTHORIZATION AND RECORD

Tutor: Please PRINT ALL INFORMATION CLEARLY and return the completed form to Belfer– 410A

(USE ONE SHEET PER COURSE AND FOR EACH GROUP)

Note: The student’s signature is required to verify payment. When tutoring a group, one signature will suffice.

Course: _____

Tutor: _____ Banner ID #: _____ Tel: _____

Clock No: _____ (For office use only)

- | | | |
|------------|----------|----------|
| Student(s) | 1. _____ | 5. _____ |
| | 2. _____ | 6. _____ |
| | 3. _____ | 7. _____ |
| | 4. _____ | 8. _____ |

Date	Time Began	Time Ended	# Hours	# of Students	Rate	Total	Student’s Signature

Tutor’s Signature: _____

Amount Due: \$ _____

Approved by: _____

Pay date: _____