

Office of Academic Support Services
Moon Library Rm. 109A
(315) 470-4919
tutoring@esf.edu

Faculty/Tutor Interaction Confirmation

Name of Tutor: _____

Subject: _____

Name of Instructor: _____

This is to certify that the above named tutor has informed me that s/he will be tutoring students in my class and we have discussed the class content for the current semester.

Tutor: _____
(signature)

Date: _____

Instructor: _____
(signature)

Date: _____

Last Revised: 8/2009

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