



PSP/E&T Tutorial Services Form

Student: _____ Treaty #: _____

Address: _____

Post-Secondary/Vocational Institution Attending: _____

Program of Study: _____ Student #: _____

Course Requiring Tutoring: _____

Initial Assessment by Tutor:

Date (s)	Hours (@ \$20/hour)	Amount Owing
	Total Hours	Total Paid:

- 3 hours per week per course

Tutor Name: _____

Tutor's Address/Phone: _____

Tutor's Banking Information (if applicable): _____

Student Signature: _____

Counsellor Approval: _____