



TUTORING PAYMENT FORM

To be completed by student

Name: _____

Student ID: _____

Please charge Bursar Account or Athletics

Student signature: _____

To be completed by tutor and academic counselor

Name of tutor: _____

Date of tutoring: _____

Start/end time: _____

Tutoring fee (\$25/hour): _____

Course tutored: _____

Topics covered: _____

Academic counselor signature: _____

Academic counselor

Oana Najjar
ocnajjar@olemiss.edu
662-915-1983

Billing representative

Mrs. Christine Hellums
chellums@olemiss.edu
662-915-7407