



## 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: \_\_\_\_\_

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#### Academic counselor

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

#### Billing representative

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