![Nova Scotia logo]

Post Secondary Accessibility Services (PSAS)

Services Receipt
Tutor Services

Student Information:

Student Name:	Student Loan File Number:

Tutor Information:

Name:	Email Address:
Phone Number:	Hourly Rate:

Course Information:

Course Subject (for example Biology):	Course code (for example BIO190):

The *Services Receipt* for Tutor Services must be completed and signed by the student and their Tutor.

Helpful Information for completing this form:

One (1) receipt from each tutor must be provided for each course in which the tutor is providing service. If a student has two tutors for the same course, a receipt from each tutor must be submitted. If a student has one tutor for two courses, a receipt for each course must be submitted.

All tutor service requests must be made via the student's MyPATH account.

Receipts for tutor services must be submitted via upload to MyPATH by the last day of the student's study period (usually the last day of the semester). Receipts submitted via email will not be accepted.

PSAS may contact tutors to verify information provided on the receipt for quality assurance purposes.

This receipt must be completed and signed by the student AND tutor. Receipts missing required information will not be accepted and will be returned to the student for completion.

Tutoring Note:
Additional requests for tutor funding for the same course will NOT be considered until a student has submitted all receipts from previous requests.

Once complete, the student must upload the form to their MyPATH account before the last day of their study period (last day of the semester/program).

Services Receipt
Tutor Services

Complete both columns (date of service and number of tutor service hours). Include the total number of service hours at the bottom of the "number of tutor service hours" column.

Date of service	Number of Tutor Service Hours
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
Total Amount of Tutor Service Hours:	

CSG-DSE funding is subject to all Canada Student Financial Assistance Program (CSFAP) policies and regulations. I understand that by signing my name below, I certify that the information on this form is complete and accurate.

Student Signature: _____ **Date:** _____

Tutor Signature: _____ **Date:** _____

Once complete, the student must upload the form to their MyPATH account before the last day of their study period (last day of the semester/program).