TUTORING RECORD

NAME:_____

TUTOR'S NAME:_____

Date	Subject	Hours tutored	Tutor's signature & phone
_____	_____	_____	_____/_____
_____	_____	_____	_____/_____
_____	_____	_____	_____/_____
_____	_____	_____	_____/_____

****** This form MUST be handed in by **3:00 on Friday** to count towards your study table hours. In addition, to be valid, it MUST have your **Tutor's name, signature, and phone number**.

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