UNIVERSITY TUTORING SESSION REPORT

Advising & Learning Support
OneStop Student Services, 253 University Hall

Tutor Name _____ ID# _____
Address _____
Phone (day) _____ (eve) _____

Please complete entries at each tutoring session and turn in this form, along with time sheet and monthly assessment form, UH 253 by the 15th of each month. In order for you to be paid, your tutee(s) must initial as well.

Date	***Tutee Name***	***UNCA ID#***	***Tutee's Initials***	***Course & Material Covered***	***Hours Tutored***