



UNIVERSITY OF LOUISIANA MONROE

Proof of attendance (tutoring outside of TRIO-SSS office)	
Student name:	CWID:
Student signature:	
Tutor/S.I. Leader name:	CWID:
Tutor/S.I. Leader Signature:	
Date:	

Type of session:  Tutoring     SI

Location of session:  SSC     MRC     Other \_\_\_\_\_

Course: \_\_\_\_\_

Length of time: \_\_\_\_\_

*\*PLEASE TURN THIS SLIP IN TO YOUR TRIO ADVISOR AS SOON AS POSSIBLE\**



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