



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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