

TUTOR TIME REPORT

RETURN TO THE UPWARD BOUND OFFICE BY THE 10TH OF EACH MONTH

NAME _____ SS# _____ DATE SUBMITTED _____

HOME ADDRESS _____

DATE	TUTORING HOURS	PLACE	STUDENT TUTORED	ASSIGNMENT WORKED ON	COMPLETED YES/NO
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL HOURS _____

I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT.

APPROVED BY _____

SIGNATURE OF TUTOR

SIGNATURE OF TUTEE

IN-SCHOOL CONTACT **OR**
UB COUNSELOR