



Peer Tutor/Mentor Program Tutoring Service Form

Tutor Name: _____

Week of: _____

Total Hours Worked (include 1 hour of preparation): _____

Total Number of Attendance: _____

Date	Student Name	Module	Type of Contact (i.e. face to face, Skype, email, phone, etc.)	Duration (hours)	Notes

Tutor Signature: _____

Date: _____

Please return the Tutoring Service Forms, as they are required by each tutor in order to track and monitor tutoring services and approve the employee timecard. Completion and submission of these forms is the responsibility of the Peer Tutor. Feel free to contact 956) 296-1924 for more information and/or email rachel.ballesteros@utrgv.edu or mercy.azeke@utrgv.edu.

For Office Use Only		
EID# _____	Received on: _____	Initial: _____