



**LEARNING
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TUTORING VERIFICATION FORM**

DATE: _____

STUDENT NAME: _____

STUDENT ID #: _____

COURSE NAME/NUMBER: _____

PROFESSOR: _____


TIME STARTED WORKING WITH TUTOR: _____

TIME ENDED WORKING WITH TUTOR: _____

CONTENT WORKED ON: ☐ HOMEWORK ☐ TEST PREP ☐ EXAM REVIEW SESSION ☐ TEST CORRECTIONS
☐ GENERAL UNDERSTANDING OF MATERIAL ☐ OTHER _____

TUTOR NAME: _____

TUTOR SIGNATURE: _____

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