



Student Athletic Academic Services

Fall ___ Spring ___ Summer ___

Tutor _____

Student **Sport**

Course **Date**

The student-athlete **read or attempted the assignment** prior to this session. Yes No N/A

Notes appear to be thorough. Yes No No notes N/A

Supplies Syllabus Book Pens/pencils

Student's **level of involvement** Good Tentative Not Engaged

Overall impression of this session Productive Somewhat productive Not productive

Work accomplished/additional comments:

My signature indicates my acknowledgement of NCAA compliance regarding tutoring student-athletes.

Tutor signature **Start time** **End time**



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