



<u>Upward Bound Programs</u> Texas Wesleyan University **Monthly Tutoring Form**

Student Name: _____ High School: ____

Attention Teacher/Tutor:						
S a o tı	cience Progr mount of tut utside of UB, utoring from	rams at Texas Wesley oring hours in one or /UBMS, the student is a you.	ran Universi more core c illowed to ful	ty, which requires stulasses. Because this standard fill this monthly tutoring	nd/Upward Bound Math & idents to receive a certain cudent is attending tutoring ng requirement by receiving vices from you this month.	
P	lease comple	ete and return this form	n back to the	student at the end of the	the month or tutoring period ration is greatly appreciated.	
	DATE	CLASS/SUBJECT	LENGTH OF TIME	TEACHER NAME	TEACHER SIGNATURE	
T	Teacher/Tutor Signature: Date:					
V	Vork Phone	Number/Work Emai	il Address*:			
T	eacher/Tut	or Comments (Optio	nal):			
_						
*	*To verify student attendance only.					