

Thank you for your cooperation.

SHRI GURU RAM RAI UNIVERSITY

STUDENT ACADEMIC SERVICES

BI - WEEKLY TUTOR SESSION REPORT FORM

To The Peer Tutor: For the purpose of effective advising, we require a summary of your tutoring interactions with the student named below. This form may be used for one or more sessions.

Name of Peer TutorName of School/Department.....

ClassYear/SemesterCourse			
Date			
Professor			
Name of Tutees	Session Comments: How well does the student understand the material, was the student on time/prepared any additional support recommended etc.	Start Time- End Time	Signature of Tutee
	idual session can be no longer than 2 hours and to of credit hours of the course total hours.	tal hours per tutor	not to exceed
Tutor Signa	ature		