

MISSION C.I.S.D. TUTORIALS / EXTENDED DAY PROGRAM

Name of Tutor (Full Name) _____

Social Security No. _____

Campus _____

Days Holding Sessions _____

Time of Sessions _____

Room No. _____

Subject Areas _____

Month _____

On each session mark student present () or absent (Ab).

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	GR.																																									
NAME _____																																										
1 _____																																										
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9 _____																																										
10 _____																																										

*Total sessions worked this month _____

I certify that the above sessions were worked by me in the performance of my duties as Tutorial Teacher.

Signature of Teacher

*NOTE: A minimum of seven students must be in attendance to receive the hourly stipend.

Signature of Supervisor