MISSISSIPPI BAND OF CHOCTAW INDIANS
TRIBAL SCHOLARSHIP/HIGHER EDUCATION PROGRAM

<u>TUTOR REPORT FORM</u>

Tutor's Name: _____   Date: _____

Student's Name: _____   Course Name: _____

Location: _____   Arrival Time: _____   Departure Time: _____
                                     for tutoring   for tutoring

1.   Did the Student arrive on time for scheduled tutoring session? ___ YES   ___ NO

2.   Did the Student come prepared for tutoring session? ___ YES   ___ NO

3.   Upon completion of tutoring session did student have a better understanding of material? ___ YES   ___ NO

4.   Discussion and other comments: _____

    _____

    _____

    _____

5. What suggestions do you have for the student? _____

    _____

    _____

    _____

_____   _____
         Student Signature   Tutor Signature

                                     _____
                                    Tutor phone number or email

Note: **Students may use tutors provided by their college tutoring/learning center or the student can use their regular Instructor/Professor as tutors in addition to private tutors. Students may not, however, use tutors who are first year students unless approved by their Instructor. In addition, students may not use tutors who are on probation or suspension with the Tribal Scholarship Program, or with the college/university they are attending.
**Please use a separate form for each course you are being tutored for and turn the form(s) in to the Scholarship Office every 2 weeks through regular mail, fax, or email. Disbursement checks will be issued after completed form(s) are