

Time Sheet Tutor Report Form

*Please return to the Student Academic Services Office
Located in Peters 118*

Tutor_____

Tutee_____

Course Name & Number_____

Instructor's Name_____

Session Dates	Session Location	Time of Session	Tutee's Signature

Total Hours: _____

Tutor Signature: _____ Date Submitted: _____

*Student Academic Services
Oberlin College
Peters 118
Donna.Young@oberlin.edu (440-775-8466)*