MAKE YOUR MARK WITH SEARK COLLEGE

Empowering Students…Changing Lives

SEARK COLLEGE TUTORING Central

		Semester _____	Faculty Tutoring Sign-in Sheet Professor's Name_____ Week_____						
	Date	**Type Student's ID# with Leading Zeroes (ex: 0123456)**	**Student's Name**	**Time-in**	**Time Out**	**Course Name and Section (ex: MATH-1063-04)**	**Type of Tutoring Session: Chat, Zoom, Face, Phone, etc.**	**No Show**	**Canceled**
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									