Northwestern Health Sciences University
Monthly Peer Tutor Report

Tutor: _____ Month: _____

Your Signature: _____ Total Hours: _____

Please complete the following for *each* tutorial session: Student Name, Date of Session, Number of Hours of Session, Course Reviewed, and Signature of Student(s). Please note group sessions by bracketing student names. This form *must* be completed and attached to your monthly time sheet for approval. Return to Student Affairs in Room 204 by the 5th of each month!

Student Name	Date	# of Hours	Course	Student Signature