FACULTY TUTORIAL LOG SHEET

Note: By filling out the course prefix #, you are indicating that the tutoring session covered material specific to the course itself. Your signature below verifies this information is accurate for reporting.

Date	Student J#	Student Name (please print)	Course Prefix # (eg: OTA 1650)	Total Time in Minutes

Total: _____

Faculty Name (Please print):_____

Faculty Signature: _____

JCC
JAMESTOWN COMMUNITY COLLEGE
S U N Y

Please return to the Academic Affairs Assistant at the end of each month.