



**Student-Athlete Resource Center
Student-Athlete Tutorial Record**

Student's Name: _____ Date: _____

Tutor's Name: _____

Location of Meeting (e.g. Writing Center): _____

Meeting Time (e.g. 7:00-8:00pm): _____

Courses Discussed: _____

Topics Covered:

Comments and Concerns: (if any)

A coach or Student-Athlete Resource Center staff member would like the opportunity to contact you to verify this meeting. It would be greatly appreciated if you could provide the following information.

Tutor's Phone # _____; Email _____

Student-Athlete's Signature

Tutor's Signature