Upward Bound
Tutoring Verification

PLEASE PRINT

Student Name: ________________________________

Subject: ______________________

Date: ______________________

Time: ___15 min ___30 min ___45 min ___60 min ___90 min

*ALVIN H.S. Teacher Signature: ____________________________

Teacher E-Mail: ______________________@alvinisd.net

OR

Upward Bound Tutor Signature: ____________________________

- IF the Alvin High School teacher is also an Upward Bound tutor, please sign on the
  Upward Bound Tutor Signature line.