



___/__/___

Dear Parent/Guardian,

As a participant in the Carl Sandburg College TRIO Upward Bound Program,

fall below program requirements in any one class.

To confirm attendance, we ask that the student fill out the form below at each meeting to verify their tutoring attendance. We appreciate your assistance with this matter and would like to thank you for helping your student grow and pursue excellence. If you should have any questions in regards to this form, please feel free to call me at 309-341-5448.

Sincerely,

Christopher Williams Director, TRIO Upward Bound

Tutoring Subject(s)____

TO BE COMPLETED BY THE TUTOR:		
Tutor's Name		
Tutor's phone number		
Tutor's Email		
Date Attended	_ Time Start	Time End
Tutoring Location		

By signing below, I certify that the above information is accurate and correct.

Student's Name (print)	Student's Signature	Date
Tutor's Name (print)	Tutor's Signature	Date
Tutor's Name (print)	Tutor's Signature	Date

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