Lutheran High School of St Charles County
A+ Tutoring/Mentoring: Form B

Student Name _____   _____ Graduation Year _____
                         Last Name   First Name

Students: This timecard should be used to track your tutoring/mentoring hours. You must receive approval from the A+ Coordinator before you begin tutoring/mentoring for each activity/site.

Date	Hours	Activity	Supervisor Initials	Total Hours Completed

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