



SEATTLE UNIVERSITY ATHLETICS ACADEMICS

Verification Form for: (circle one)

Tutorial Session

Professor Meeting

Group Study

(Group Study must be required and stated so on class syllabus. ____ Ck'd.)

Student-Athlete Information:

Student Name: _____ Date: _____

Time Started: _____ Time Ended: _____

Verification from Tutor/Professor/Group Study Members:

Name: _____ Subject: _____

Signature: _____

Signature: _____

Signature: _____

Please return this signed form to a study hall monitor by Thursday 9pm in order to receive hours for the week.