

# Beta Alpha Psi – Epsilon Chi Chapter



## LA Mission College Accounting Tutoring Form

**Instructions:** Complete this form and turn it in with the Technology Administrator or a BAP executive/director.

### Member Information

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Last Name

First Name

Middle Initial

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School Email

### Student Information

Hours Tutored: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Email/Telephone Number: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**I swear that the above information is true and correct. I understand that falsification of this information could lead to the above member's removal from Beta Alpha Psi.**

**X**

\_\_\_\_\_  
Beta Alpha Psi Member

**X**

\_\_\_\_\_  
Student

**X**

\_\_\_\_\_  
Daniel Friedman(Accounting Professor)