

BETA ALPHA PSI – EPSILON CHI CHAPTER
Individual Tutoring Form



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

Member Information

Last Name

First Name

Middle Initial

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