OORALA CENTRE
'A Place Where People Come Together'

Ph.: (02) 6773 3034
Fax: (02) 6773 3379
Email: oorala@une.eu.au
Web: www.une.edu.au/oorala

ITAS Record of Tutorials

Name:

Staff Number:

Name of Student/s:

Date	From	To	Hours	Subject/ Unit	Ind. /Group	Student Name	Student Signature

(Please make sure your student/s sign for every tutorial session and forms are sent to Oorala)

Tutor Signature:_____Date:_____

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