



TEXAS TECH UNIVERSITY

Texas Success Initiative Developmental Education Program™

LEARNING CENTER VERIFICATION FORM

Name: _____ R#: _____

Date: _____ Time In: _____ AM/PM Time Out: _____ AM/PM

FOR USE BY LEARNING CENTER STAFF ONLY

*Please initial, sign and date the certifying statement below **upon the student's departure** from the Learning Center.*

I, _____, hereby acknowledge that the student listed above visited the Learning Center
(initials)
located in Drane Hall on the Texas Tech University campus, and that the aforementioned date and times are when this visit occurred.

Learning Center staff signature _____

Date _____