TRIO PASS

Date _____

_____
(Student Name)

_____
(Teacher)

_____
(Room)

Come to _____

- ☐ As soon as possible
- ☐ End of class
- ☐ When convenient
- ☐ Anytime _____

Notes:

Hour/Period

1st

2nd

3rd

4th

5th

6th

7th

TRIO STAFF USE ONLY

Time Dissmissed from TRIO _____

TRIO Advisor Initials _____

Please notify your TRIO Advisor if you are unable to meet with them today.

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TRIO Scholar Notes:

TRIO Scholar Notes:

Invite your friends to apply for TRIO today!

Scan the QR with camera to be redirected to online application

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