

SUPPLEMENTAL INSTRUCTION SIGN-IN SHEET

SI Leader: _____ Course: _____

Date: _____ Day: Mon Tue Wed Thu Fri Sat Sun

Time Session Began: _____ Time Session Ended: _____

Is this the final session before an exam? yes no If yes, exam # _____

Please Print Clearly

1. _____ 14. _____

2. _____ 15. _____

3. _____ 16. _____

4. _____ 17. _____

5. _____ 18. _____

6. _____ 19. _____

7. _____ 20. _____

8. _____ 21. _____

9. _____ 22. _____

10. _____ 23. _____

11. _____ 24. _____

12. _____ 25. _____

13. _____ 26. _____