

# SI Sign-in Sheet

SI Leader: \_\_\_\_\_

Course: \_\_\_\_\_

Date: \_\_\_\_\_

Day: Mon Tue Wed Thu Fri

Time Session Began: \_\_\_\_\_

Time Session Ended: \_\_\_\_\_

Is this the final session before an exam? Y N

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. _____ |