

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. _____ |