

Supplemental Instruction Sign-In Sheet

Course: _____ SI Leader: _____

Date: _____ Day: Mon Tues Wed Thurs Fri Sat Sun

Time Session Began: _____ Time Session Ended: _____

___ Test Review ___ Regular Session For Test # _____

Is this the final session before an exam? Yes No

	<u>Name</u>	<u>Student ID #</u>	<u>Section #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____