

# Supplemental Instruction Sign-in Sheet

SI Leader \_\_\_\_\_ Course \_\_\_\_\_

Date \_\_\_\_\_ Day:  M  T  W  R  F  S  U

Time Session Began \_\_\_\_\_ Time Session Ended \_\_\_\_\_

Is this the final session before an exam?  NO  YES. Which 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. _____ |