

## **Sign-In Sheet**

Date:Course Title:		
NAME Please Print	ORGANIZATION	E-MAIL ADDRESS (If you do not have one, please provide your supervisor's e-mail.)

CITY/STATE:

Scan this form, along with evaluations, and e-mail the PDF file to <a href="mailto:shannon.l.olson@ndsu.edu">shannon.l.olson@ndsu.edu</a>.

If you have questions, please call 701-552-0672 or 701-238-8646.

