



## CLASS SIGN-IN SHEET

SEMESTER: (CIRCLE) FL'02 SP'03 SI-'03 SII'03

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_ Begin Time: \_\_\_\_\_

Course Title: \_\_\_\_\_ Location: \_\_\_\_\_

Dept /Course: \_\_\_\_\_ / \_\_\_\_\_ Section: \_\_\_\_\_ Sequence: \_\_\_\_\_ C/S Contact: \_\_\_\_\_

	Print Your Name	Last 4 digits of SS#	Signature
EX	John Jones	7777	
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**INSTRUCTOR:**

Sign and date daily. If class did not meet, sign and date a blank form with brief explanation; (out sick, etc).

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_