

Sign Off Sheet for Study Group Meeting for LSEM 100

Date: \_\_\_\_\_ Group: \_\_\_\_\_

The following students attending study group together for at least one hour on the date given above.

Name (Printed)	Signature

Name and signature of an authorized person (peer mentor, RA, faculty member, library staff, etc.):

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

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