

Alternative Study Half-Sheet

I, certify that _____ spent time in alternative study
Student-Athlete Name

(please circle one of the following):

- Supplemental Instruction Session (SI Session)
- Individual tutoring session
- Math & Stat Lab, Writing Center or Writing Lab
- Academic Support Center Workshop
- TA session
- Office Hours
- Other _____

From _____ to _____

Signature of Student-Athlete

Date

Signature of SI Leader/Tutor/
TA/Professor

Date

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