

STUDENT/FACULTY INTERACTION PROGRAM
STUDENT PARTICIPANTS

| | <u>NAME</u> | <u>FROSH</u> | <u>SOPH</u> | <u>JUN</u> | <u>SEN</u> | <u>GRAD</u> |
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Date of Activity: _____

Sponsoring Faculty: _____

SFI Grant ID #: _____

Within five days after the event, return this completed form to Administration Building, Rm. 401