Transportation Learning Network
A Partnership of DOTs and Universities

Sign-In Sheet

LOCATION: _____
(e.g., Williston, Grand Forks)

Date: _____ **Course Title:** _____

NAME *Please Print*	ORGANIZATION (e.g., NDDOT, FHWA, NDSU, etc.)	E-MAIL ADDRESS (If you do not have one, please provide your supervisor's e-mail.)

Scan this form, along with the evaluations, and e-mail the PDF file to susan.hendrickson@ndsu.edu.
If you have questions, please call 701-231-7766.