iStudy Lesson Cover Sheet



Please print your n sheet to you in a w		ss below for use in returning this e.	Write instructor's name, course name, and lesson information in blanks below.
Name			
Mailing Address			Course
City	State	ZIP	Lesson Number
FOLD EXACTLY ON LINE			FOLD EXACTLY ON LINE
	The space	below is for the instructor's co	omments to the student.
Date received:		Date return	ed:
Grade: (Grade of "I" indicates that lesson should be reworked in accordance with the instructor's suggestions and resubmitted.)			

Comments from your instructor:

Fax: 662-915-8826 Email: istudy@olemiss.edu Mail to: Division of Outreach iStudy P.O. Box 1848 University, MS 38677-1848 Circle here if change of address.