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Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Term (cicle one): Fall / Winter / Summer Year: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

} Date: \_\_\_\_\_

Signature of James Blustein: \_\_\_\_\_

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

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