

Student Confidential Information Sheet

Name: _____

Campus Address: _____

Local Phone: _____ E-mail: _____

What year are you? _____

Have you chosen a major? _____

If yes, what major _____

Indicate with an "X" if you are:

_____ a first generation college student (1st in family)

_____ a student athlete

_____ a transfer student

_____ a veteran

Why did you sign up for this course, and what do you hope to get out of taking this class?

How did you hear about this class?

List any expectations or fears that you have about this course.

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Is there anything else that you would like me to know to help with your success in this course (e.g., any accommodations you need arranged)?