Student Information Page

Please complete this information page and return it to me before the end of class on Wednesday. I will use this information to plan the semester, to get to know you, and to contact you by mail, phone, email, or other electronic means if the need arises. I will not share this information with anyone without your consent. Feel free to use an additional, attached page to explain any answers.

Name_____ Student ID# _____

Address _____ apt._____

City_____State_____ Zipcode_____

Contact me by phone at: Home:_____

(please circle Work:_____

preferred #) Other:_____

My most-read e-mail address: _____

Twitter account (not required):_____

Identify the degree program you are in (major):

How many credit hours have you completed in college (approximations are fine)? _____

What do you hope to get out of this class:

Why did you choose to take this class over other MGT or THEO courses:

What is your greatest fear about this class, if any:

What was your favorite class ever, and why?

What was your worst, and why?.

Please complete the following sentence: I am probably the only person in this class who . . .

If you require special accommodations, please indicate that on the reverse side and be sure to discuss them with me soon. (Note that I cannot grant accommodations beyond those originating with the Student Success Center.)