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Spring 2015

Student Information Card

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Name _____ # _____ E-mail _____

Address _____ Phone _____

Major or Intended Major _____ Minor _____

Advisor's Name _____ Health or Learning Concerns _____

Check ONE: _____ freshman _____ sophomore _____ junior _____ senior

I am taking this course because . . .

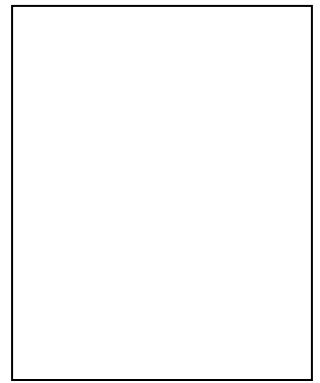
When I graduate, I hope to . . .

Most interesting/unique thing about me . . .

I might be late to class or have to leave early because . . .

I will be unable to attend class on (date) because (reason)

Questions and/or concerns I have about this course . . .



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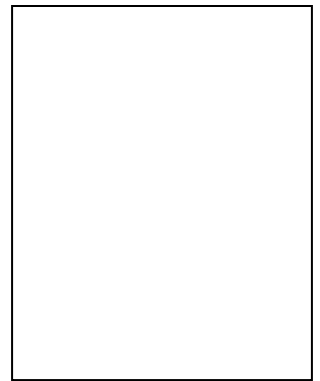
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Weekly Schedule

Complete this schedule by **writing in a course number** or the **letter “W” (for work)** during all times you are not available to meet. I will use this information (and the above suggestion) to determine the best time to hold office hours.

	7 am	8 am	9am	10 am	11 am	Noon	1 pm	2 pm	3 pm	4 pm	5pm	6 pm	7 pm	8 pm	9 pm
Mon.															
Tues.															
Wed.															
Thur.															
Fri.															
Sat.															
Sun.															

School/Work/Family Schedule Notes:

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