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 . . .
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.

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<tbody>
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<td>9 am</td>
<td>10 am</td>
<td>11 am</td>
<td>Noon</td>
<td>1 pm</td>
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</tbody>
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**School/Work/Family Schedule Notes:**

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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.

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**School/Work/Family Schedule Notes:**