

Student Data Sheet (for Dr. Simons)

** (To be turned in at the first class you attend) **

Course:		Term:	
Name you prefer to be called:		Your last name:	
E-mail address:			
Major:			
Expected graduation semester:			
Summary of employment history:			
Significant hobbies or extracurricular activities:			
Disabilities or anything else you think I should know about you:			
Put your <u>signature</u> in the block to the right if you'd like me to post your scores/grades on my website during the semester:		... and give me a five-digit ID you'd like me to use (any combination of numbers and/or letters):	_ _ _ _ _

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