

COURSE: _____

**Student Information Sheet,
Spring / Fall Semester 20__**

Name:	Paste photo here
Student Number:	
Major/Yr. of studies:	
Hometown:	
Email address:	
Phone #:	
Hobbies/Interests:	
Career goals:	
Reason for taking this course:	
Goals for this semester:	

Please write any further information you feel I should have on the back of this page. (Weakness, strengths, interests, special issues you're interested in, or anything else you want me to know about you.)

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