

## Information Sheet

Name: \_\_\_\_\_  
(Please print your common name with pronunciation hints.)

Phone/Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Class Level: \_\_\_\_\_

Do you work now? \_\_\_\_ Yes \_\_\_\_ No

Where?

How many hours?

What are your career objectives?

Where do you hope to be in five years?

What is unique about you?

Do you have any concerns about completing this course?

Do you understand the policies set forth in the syllabus? If you do please sign below, if you have any questions or concerns, please see me as soon as possible.

Signature \_\_\_\_\_ Date \_\_\_\_\_