Please take a few minutes to complete this student profile survey. The top portion is required. Information provided below the row of asterisks is optional and voluntary. Thank you.

REQUIRED INFORMATION

Full Name (Last name 1st): _____________________________________________________
Desired name: _________________ Student UIN: ___________________________________
Local Telephone Number: (979) ______  -  ____________ If you have a cellular phone and want calls on it please list it here ___________________________________
Address: Local_______________________________________________________________
    Permanent  _________________ ________________________________________________
E-Mail Address:  ______________________________________________________________
Web Page: __________________________________________________________________

I have read the whole Course Information Sheet, understanding it fully, and I hereby agree to abide by all terms contained therein. Furthermore, during this class I agree to abide by the following Code of Honor: I WILL NOT Lie, Cheat or Steal, nor will I tolerate those who do.

Signature:  ________________________________________________

Please do not give out this information: ______

Please fill out the rest of this sheet also.

INFORMATION REQUESTED

Hometown: _____________________ State or Country: ______________
High School and Year of Graduation: _______________________________
I am a:  FRESHMAN   SOPHOMORE   JUNIOR   SENIOR   OTHER

I would like to play racquetball and can play (day of the week and times):

_____________________________________________________________________________

Please briefly describe any extracurricular activities or interests: _______________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Age: _____
Marital Status: Married  Single  (Please circle as appropriate)
Citizenship: US  Other, if other, please specify: __________________________
Military Service: No  Yes If yes, Branch ________ Dates of Service: ___________
Please list your duty stations: ____________________________________________
____________________________________________________________________
____________________________________________________________________
Do you commute?  No   Yes  If yes, from where: __________________________
Children: No  Yes  Do you have primary custody? No  Yes  If yes, is there anyone else in the
home to care for the child?  Yes  No  Who? ________________
Are you currently employed?  Yes  No  If yes, where? ______________________
Name of supervisor: ________________________   Phone number:  ___________
Hours: ____________________ Previous work experience:
____________________________________________________________________
Where did you grow up: ________________________________________________
Why are you taking this class?  Required Other: __________________________
Have you previously taken this class? Yes  No  If yes, when, where and name
of instructor: _________________________________________________________
Please list any illnesses or disabilities that might cause you to need special attention from the
instructor: _____________________________________________________________

Please return this survey to me as soon as possible

~Thank You~