Personal Information Sheet

Name: ______________________________________________
Address: ______________________________________________
City/State/ZIP: ______________________________________________
Phone: ______________________________________________
Email: ______________________________________________

How many classes are you taking this term? Please list them here.

Are you going to be using multiple campuses? YES/NO
If yes, which ones?

What are your educational goals for the next year?

What are your educational goals for the next 5 years?

How can I help you be successful?