**COR 101 Student Information Sheet:**

Name: _____
Last First MI

Preferred Nickname: _____

Local Address: _____

Campus Phone: _____

Cell Number: _____

E-mail: _____

Hometown: _____ Birthday: _____

Favorite Movie(s): _____

Favorite TV show(s): _____

Favorite Food(s): _____

Number of siblings: _____ Favorite type of Music: _____

Hobby: _____

Major: _____ Career Interests: _____

Academic Strengths: _____

Academic Areas that need improvement: _____

Do you have any special accommodations or needs regarding this class? Please circle (Yes No) If yes, please explain:

_____