iPeer Questionnaire

First Name:	
Last Name:	
Email Address:	
New Student	Experienced Student
Currently Residing In (City, State):	
Focus of Study: Career Goals (in gen	eral):
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Other Relevant Infor	rmation (Hobbies, pets, family situation, etc.):

iPeer Questionnaire
What attributes are most important to have in common with your peer? (Location, focus, family situation, etc.):