Student Information Sheet

Name: _____   **Phone:** _____

Preferred form of address (nickname, etc.): _____

Preferred pronouns (e.g., Dr. Rosenberg: he/his): _____

Local Address/Place You Expect to be for synchronous classes:

_____

Computer Programming Languages/models/skills:

- **Prior or current work experience(s) related to the course:**

  _____

- **Why are you taking this course?**

  _____

- **What aspect(s) of the course are you most looking forward to?**

  _____

- **Least looking forward to?**

  _____

- **Anything else I should know that may help or impede your learning in this class? (you may also skip and report to the USU Disability Resource Center)**

  _____

Hobbies: _____

Best upside of COVID-19 so far for you or your family?

_____

(next page)

What is your schedule for Fall 2020? Mark all times you are committed and list commitment.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9 am					
10 am					
11 am					
12 pm					
1 pm					
2 pm					
3pm					
4 pm					
5 pm					