


Week 3 BPI

GOOD FORMS, BAD FORMS, & FORMBUILDER

GOOD FORMS

- Only extract the necessary information
- Use single columns as opposed to multiple
- Clearly communicate errors
- Provide context via inline validation
- Order form by difficulty (Easiest-Hardest)
- Automated suggestions & saved data

EXAMPLES OF GOOD FORMS



Create your Target account

Email address

First name

Last name

Mobile phone number (optional)

Create password

show

☐

Keep me signed in

☐

By checking this box you won't have to sign in as often on this device. For your security, we recommend only checking this box on your personal devices.

By creating an account, you are agreeing to the Target terms & conditions and Target privacy policy, including receipt of Target exclusive email offers and promotions. To manage your marketing choices please access the Choice section of the Target Privacy Policy or call Target Guest Relations. Message and data rates may apply when including a phone number.

[Terms & Conditions](#)

[Privacy Policy](#)

Create account

Or sign in

*See offer details.Restrictions apply. Pricing, promotions and availability may vary by location and at Target.com

Already have a Mileage Plan number?

☐

Yes, I need to create my account.

Please fill out your information as it appears on the government-issued identification that you use for travel. [Read our privacy notice.](#)

Personal information

First name

Middle name (optional)


If shown on your government-issued travel ID.

Last name

Suffix (optional)

Gender

Select the gender that matches your government-issued travel ID.

 Birthdate

MM/DD/YYYY

Contact information

Country code

United States/Canada +1

Phone number

BAD FORMS

- Wants a lot of information about the user
- Usage of multiple columns
- Only notifies users of error at the end
- No context on how to fill out the form
- Uses “Submit” rather than “Confirm Order”
- Drop-down boxes are regularly used

EXAMPLES OF BAD FORMS

U.S. Department of State
APPLICATION FOR A U.S. PASSPORT FOR ELIGIBLE INDIVIDUALS
CORRECTION, NAME CHANGE TO PASSPORT ISSUED 1 YEAR AGO OR LESS, AND LIMITED PASSPORT REPLACEMENT
Use black ink only. If you make an error, complete a new form. Do not correct.

OMB Control No. 1405-0160
Expiration Date: 04-30-2025
Estimated Burden: 40 Minutes

Select document(s) for which you are applying:
☐ U.S. Passport Book ☐ U.S. Passport Card ☐ Both
The U.S. passport card is not valid for international air travel. (See Instruction Page 3)
☐ Regular Book (Standard) ☐ Large Book (Non-Standard)
The large book is for frequent travelers who need more visa pages.

1. Name Last _____
First _____ Middle _____
2. Date of Birth (mm/dd/yyyy) _____ 3. Gender (Read Instruction Page 2) ☐ M ☐ F ☐ X Changing gender marker? ☐ Yes ☐ No
4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.) _____
5. Social Security Number _____ 6. Email (See application status at passportstatus.state.gov) _____ 7. Primary Contact Phone Number _____
8. Mailing Address Line 1: (Street/RFD#, PO Box, or URB) _____
Address Line 2: (Include Apartment, Suite, etc. If applicant is a child, write "In Care Of" the parent. Example: In Care Of - Jane Doe) _____
City _____ State _____ Zip Code _____ Country (if outside the United States) _____
9. List all other names you have used. (Example: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)
A. _____ B. _____

10. U.S. Passport Information
Your name as printed on your most recent U.S. passport book and/or passport card
Most recent U.S. passport book number _____ Book Issue Date (mm/dd/yyyy) _____
Most recent U.S. passport card number _____ Card Issue Date (mm/dd/yyyy) _____

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW
THEN COMPLETE PAGE 2
I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page 4 of the instructions to the application form.

x _____
Applicant's Legal Signature - age 16 and older
Date _____

BACONE COLLEGE
FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS
APPEAL FORM

Note: Financial aid awards are based upon funding availability at the time your appeal is reviewed. ALL INFORMATION IS CONFIDENTIAL.

SECTION 1: Student Information
Student Name Phone Number _____ Bacone ID # _____
Current Address: _____ Social Security # _____
Status: ☐ UNDERGRADUATE ☐ GRADUATE Expected Graduation Date: _____ Requested aid reinstatement semester (or check one): ☐ Fall ☐ Spring ☐ Summer

SECTION 2: Explanation of Circumstances: Check and complete the section which best applies.
(Attach additional sheets if necessary.)
Medical Condition: Explain circumstances and attach a health care provider's written statement(s) confirming your medical condition(s) and impact during the semester(s) when SAP failure occurred and supporting your decision to continue enrollment.
Birth of Your Child: Explain circumstances and attach copy of your child's birth certificate.
Death of Family Member: Explain circumstances and attach a copy of the death certificate, an obituary indicating date of death and your relationship to the deceased, a written statement from a pastor, or a written statement from a funeral director.
Divorce/Separation/Adoption: Explain circumstances and attach supporting court document(s).
Military Service: Explain circumstances and attach a copy of official military orders.
Personal Difficulties: Explain circumstances and attach a written statement(s) from a counselor, academic advisor, Pastor, employer, teacher, or attorney confirming your difficulties and supporting your decision to continue your enrollment.
Max Hours: Explain and address transfer or military hours, changes in major, thesis progress, etc. Describe plan to graduate.

SECTION 3: Plan for Academic Success:

SECTION 4: Certification Statement
I certify that all of the information I have provided is true and complete to the best of my knowledge. I understand I will be notified of the results of my appeal by mail and that I must comply with the terms outlined in that notification.
Student Signature: _____ Date: _____

Return this form and documentation to the Financial Office

SAP Appeal Form 09/28/20

FORMBUILDER

This week we learned some of the basics of the application FormBuilder.

We read tutorials on how to use the different parts such as form: Groups, Settings, Phases, and Questions.

Form Responses and Payments were some of the topics I found the most interesting.



FORMBUILDER CONCERNS

- Same vs. New Window
- When you open a form, it turns blue. Is it beneficial to only have the last opened form turn blue.



CONCERNS

- Link to the test environment was unable to function on my end
- Struggled understanding the Payment aspect of FormBuilder
- Clarification on the Professional Development activities

Any Questions?
