Student Information Sheet

Please fill out the following form in the first week of classes: Name: _____ Email: _____ Phone: ______ Class: ______ 1. What are your career objectives? 2. What do you hope to gain from this course to meet those objectives? 3. What other communication courses have you taken? 4. What experiences do you have speaking before an audience? 5. What would you most like to accomplish in this course? 6. Do you have any special concerns or questions about completing this course?

