# Student Questionnaire

**What is your first and last name?**

**What name or nickname do you wish to be called in this class:**

**What pronouns would you like us to use in this class:**

□ she/her □ he/him □ they/their □ ze/hir □ any □ other:

**What device will you be using for this class? Check all that apply.**

□ personal computer (laptop/desktop) □ tablet □ smartphone

□ campus computer lab □ other:

**How many classes are you taking this semester?**

**What are you studying or interested in majoring in?**

**Are you working this semester (on or off campus)?**

□ yes □ no □ I hope so, but need a job □ maybe, but I don’t know yet

**How many hours are you working or planning to work at your job(s)?**

**When you are learning something independently, what strategies do you use?**

**What languages do you speak?**

**Does anything in your schedule need to shift to allow completion of the expected 6-9 hours of homework per week? If so, what?**

**Is there anything else I should know about you?**