HSE 101 STUDENT SURVEY FALL 2011

NAME	**FIRST:_____ LAST: _____** **I PREFER TO BE CALLED:_____**
LAST 4 SS# DIGITS	**___ ___ ___ ___**
ADDRESS	**_____** **_____**
PHONE NUMBERS	**Home: ___ ___ ___/___ ___ ___-___ ___ ___ ___** **Cell: ___ ___ ___/___ ___ ___-___ ___ ___ ___**
INTENED MAJOR	**NURSING RADIOGRAPHY PREMEDICINE** **PREDENTISTRY PREPHARMACY RESPIRATORY CARE** **PHYSICAL THERAPY OCCUPATIONAL THERAPY** **OTHER: _____**
ARE YOU WORKING?	**YES NO**
IF SO, WHERE?	
IF SO, # HOURS/WK?	
AGE **BIRTHDAY**	**_____** **_____**
MARITAL STATUS	**MARRIED SINGLE DIVORCED**
# CHILDREN **Names and ages**	**_____** **_____**
TELL ME SOMETHING ABOUT YOURSELF	