UM-St. Louis colleagues are welcome to adapt this page to suit particular needs or requirements in any course.

Student Information Page

[Insert Curricular Designation, Course Number, Course Name]

Please complete this information page and return it to me at the next class meeting. I will use this information to plan the semester, to get to know you, and to contact you by mail, phone, or email if the need arises. I will not share this information with anyone without your consent.

Semester			
Name			
Address		apt	
City	State	Zipcode	
Contact me by phone	at: Home:		
Work:			
	Other:		
My UMSL e-mail ad	dress:		
[Insert course name a [Insert course name a	nd number]:nd number]:		
How many credit hou	rs have you completed a	t UM-St. Louis?	
Explain why you are program.	you taking this course a	nd how it fits into your degree or certificate	
What are your expect	eations for the course?		
Briefly describe relate	ed experiences or course	s that are relevant to this course:	

If you require special accommodations, please indicate that below and be sure to discuss them with me soon.