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_________________________ Reference number _____________

Name______________________________ Student ID# _________________

Address ______________________________ apt.______

City_________________________ State______ Zipcode_____________

Contact me by phone at: Home:______________
Work:______________
Other:______________

My UMSL e-mail address: _________________________

Indicate the semester and year in which you completed these course prerequisites:
[Insert course name and number]: ______________
[Insert course name and number]: ______________

Identify the degree program or certificate program you are in:

How many credit hours have you completed at UM-St. Louis? _____

Explain why you are taking this course and how it fits into your degree or certificate program:

What are your expectations for the course?

Briefly describe related experiences or courses that are relevant to this course:

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