

CASMNS Student Profile

Fall 2009

Name _____
(Last) (First) (Middle)

Phone Number(s) _____

Email address _____

Major _____ Age _____ Sex _____

Years attended CCCCD? (Circle one)

0 1 2 3 4 or more

*****High School Background*****

Year Graduated _____

High School Location _____
(City) (State) (Country)

H.S. Science Courses _____

*****College Background*****

Total College Hours **Completed** _____ Degrees **Completed** _____

College Science Courses **Completed** _____

College Hours Enrolled **This Semester** _____

*****Current Employment*****

Are you currently employed? (Circle one) **Yes** **No**

If so, how many hours per week? _____ Type employment _____

*****Future Plans*****

What are your longterm goals?

How does CASMNS involvement contribute to your longterm goals?

CASMNS Course No./Sec. _____

Print the name of your CASMNS Course Professor _____