

FCS 321/321L
Fall 2008

Dr. T. Lisagor, EdD, MS, RD

Student Information Sheet

Name: _____

Phone: (H) _____ (W) _____ (C) _____

Email address _____

Class Standing:	Freshman	Sophomore (circle one)	Junior	Senior	Graduate
-----------------	----------	---------------------------	--------	--------	----------

Major: _____

Option or Specialization: _____

Career Goal: _____

I have completed the following courses:

Basic Food Science (201) _____ Management Course _____

Basic Nutrition (207) _____

List other courses you have completed or are enrolled in this semester relating to foods, nutrition, or business.

Do you have specific needs in relation to this course's subject matter?

I have read and agree to abide by the conditions listed on the course syllabus. Further, I understand the meaning of plagiarism, and understand that class attendance is mandatory.

(Signature)

(Date)