

FCS 321/321L
Semester _____

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) _____ (or equivalent)

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 guarantee that the above information is valid and true.

(Signature)

(Date)