MATH 285: Student Info Sheet

1. Name: 
   Illinois Email: 

2. Major and Year (best guess if undecided):

3. What lecture are you in? 
   C1 (10:00) 
   D1 (11:00)

4. Do you have a conflict on Tuesdays 3:00-6:00?
   Yes 3 - 4 
   Yes 4 - 5 
   Yes 5 - 6 
   No

5. List any food allergies.

6. Fun Fact about yourself:

7. When and what was your last math class:

8. Doing math makes me feel ... (Circle all that apply)
   anxious 
   happy 
   bored 
   angry 
   scared 
   challenged 
   excited 
   nervous 
   thrilled 
   unhappy 
   miserable 
   confident 
   horrified 
   accomplished 
   fantastic

9. Do you have any questions or concerns about this course?

10. Is there anything else I need to know/do in order to make this course a success?