PSY 105 Student Autobiographical Data Sheet

Name:  
Name you prefer to be called:  
Student ID #:  
UNCW e-mail address:  

1. Do you have a job in addition to being a student? Yes____ No____

2. What types of music do you listen to? Do you enjoy live music?

3. How many books did you read for pleasure this summer? What was the title of a favorite?

4. Where did you grow up?

5. Have you considered studying abroad while a UNCW student? If yes, where would you most like to study? If no, why not? Where is the Office of International Programs?

6. Where are the offices of University Learning Services located?

7. Is there anything else that you would like to know about me or about the course?

If you have any special circumstances that will cause you to **miss any class time** or that may influence your ability to do well in this course, briefly mention them here and see me in my office by next Wednesday. If you expect to be a member of a UNCW athletic team this fall (list the team below), please give me a copy of your event schedule next Wednesday after class!

If you are a person with a disability and anticipate needing accommodations of any type in order to participate in this class, you must notify the Disability Resource Center (#1033 DePaolo Hall, 910-962–7555), provide necessary documentation of the disability, and arrange for the appropriate authorized accommodations. Once these accommodations are approved, please visit my office so we can implement the accommodations.

13a. I understand the rules of the course as described in the syllabus and on the first day of class. My signature here represents my guarantee that I will abide by those rules and the honor code of the university.

   Signature: ________________________________  Date: ______________.

13b. I did not attend the first day of class. However, I have read and understood the syllabus. My signature here represents my guarantee that I will abide by the rules described in the syllabus and the honor code of the university.

   Signature: ________________________________  Date: ______________.