

STUDENT EXPERIENCE ORIENTATION

Information Sheet:					<input type="checkbox"/> Student		<input type="checkbox"/> On Site Faculty	
Unit			Start			End		
Name:								
Phone:		Primary			EMAIL			
					@			
Address		Street			City		State	Zip
School Information								
Name								
Address		City		State		Zip		
Faculty Advisor								
Program		Name				Level		
Emergency Contact Information – 1 REQUIRED								
Name:								
Phone:		Primary			Secondary			
Relationship								
Name:								
Phone:		Primary			Secondary			
Relationship								

I attest that the above information is correct:

Signature: _____ **Date:** _____