

New Student Planning Conference

Fill out and bring to conference

Day/Date _____ Time: _____

Last Name, First Name

Campus address

e-mail address

ACADEMIC PLANS

_____ Number of semesters (including this one) I plan to attend here

My college major is _____

How certain I am about my major. (circle one)

1 – don't have a clue, 2 – OK with my major but it could change, 3 – Positive

Careers I'd like to know more are: _____

After finishing my courses here I plan to _____

ACADEMIC PROGRESS

_____ Overall, number of class sessions I have missed

_____ Average number of hours I have been studying each class day

_____ is my favorite class.

_____ is the class I like the least.

_____ is the class in which I need the most help.

Academically, I am most concerned about _____

LIVING CONDITIONS (check all that apply) *I am having some difficulty with:*

_____ roommates

_____ commuting

_____ food

_____ juggling family responsibilities

_____ sleep

_____ people close to me not understanding college demands

_____ finances

_____ missing someone at home

_____ loneliness

_____ Other: _____

Be specific

The responsibility that takes the most away from studying is _____

OVERALL COLLEGE EXPERIENCE

So far the BEST thing at college has been _____

So far the WORST thing at college has been _____

The thing about college I am MOST concerned about is _____