

WELCOME SURVEY

SALVE! PLEASE PROVIDE THE FOLLOWING INFORMATION.

NAME (FIRST AND LAST): _____

PREFERRED NICKNAME (IF ANY): _____

PREFERRED EMAIL: _____

CLASS YEAR: _____

MAJOR(S) and MINOR(S): _____

HOMETOWN: _____

FAVORITE BOOK: _____

FAVORITE MOVIE: _____

HAVE YOU TAKEN ANY CLASSICS COURSES OR READ ANY CLASSICS (FROM GRECO-ROMAN ANTIQUITY)? IF SO, PLEASE LIST THEM: _____

AT THE END OF THE COURSE, I WILL THINK IT WAS SUCCESSFUL IF...

I LEARN BEST WHEN MY TEACHER... _____

MY IDEAL CLASS WOULD... _____

NOTA BENE: IF YOU HAVE ANY SPECIAL ACADEMIC NEEDS OR ANY PERSONAL CIRCUMSTANCES THAT MAY IMPACT YOUR PARTICIPATION IN THIS COURSE, PLEASE SEE ME AFTER CLASS.