

WELCOME SURVEY

I WOULD GREATLY APPRECIATE IF YOU WOULD PROVIDE THE FOLLOWING INFORMATION:

NAME (FIRST AND LAST):

PREFERRED NICKNAME (IF ANY):

PREFERRED EMAIL:

CLASS YEAR:

MAJOR(S) and MINOR(S):

HOMETOWN (OPTIONAL):

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

I LEARN BEST WHEN MY TEACHER...

MY EXPECTATIONS FOR THIS COURSE ARE...

HAVE YOU TAKEN ANY CLASSICS COURSES OR READ ANY GRECO-ROMAN CLASSICS ON YOUR OWN? IF SO, PLEASE LIST THEM:

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.