Name (print): ___________________________________  Secret Identity: ____________________________
Contact Phone: ____________________________________________
E-Mail address ____________________________________________

I have read, understand and acknowledge the guidelines and requirements for this course as laid out in the syllabus and will comply with them in my work.

Signature: ____________________________  Date: ____________________________

Please indicate what science courses you have and/or are currently taking by placing the letter GRADE EARNED in the space provided (indicate if high school and provide any other pertinent information):

__ Intro. Biology  ___ Human Biology  __ Microbiology  ___ Algebra  ___ Other (please elaborate):
__ Gen Chemistry  ___ Organic Chemistry  ___ Physics  ___ Genetics  ____________________________

Estimated Overall College GPA: ____________________________

What are your goals (i.e. what do you plan to major in, what career are you pursuing)?

__ Nursing  ___ OT or PT  ___ Chiropractic  ___ Nutrition  ___ Other (please elaborate):
__ Paramedic / Fire  ___ Physical Education  ___ Dental Hygiene  ___ Psychology

Are you planning to transfer, if so where?:

School: __________________________________  Program: ____________________________

Degree you will earn: ☐ Baccalaureate (BA) / ☐ Masters (MA) / ☐ Doctorate (PhD) / ☐ Other ______

Status: ☐ I am currently applying  /  ☐ I have been accepted and enter the program on: __________

Are you attending any other schools in addition to WVC? _______  Where? ____________________________

Please list the courses you are taking this semester (all schools):

<table>
<thead>
<tr>
<th>Course Number and Title:</th>
<th>Instructor/School:</th>
<th>Units:</th>
<th>Hours per week:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio 47 - Human Anatomy</td>
<td>Norris / WVC</td>
<td>5.0</td>
<td>9 +</td>
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</tbody>
</table>

Total (all schools): _______  (1)

How many hours do you need to study (multiply total number of units by 2) . . . . . . . . . . . . . . . . . (2)

How many hours do you work per week in addition to school? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (3)

Total Time Commitment (add hours for work and school (lines 1, 2 & 3)): . . . . . . . . . . . . . . . . . . . . . . . (3)

What grade are you seriously willing to work for in this class: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Is this a manageable load or could you be committing academic suicide?

See the Time Management Worksheet provided by your instructor.

Comments - Is there anything you feel I should know about you (i.e. medical conditions, learning disabilities, time conflicts, etc.)? If so, please list them on the back and make arrangements to talk to me.