

Getting to Know You

Center for the Enhancement of Learning & Teaching
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(If you feel uncomfortable answering any of these questions, you may leave that area blank. However, please complete as much as possible.)

Name: _____

What you would like to be called: _____

Address: _____

E-mail: _____ Grades in (Prereqs): _____

Phone Number: (w) _____ (h) _____

(Optional) Gender _____

(Optional) Ethnicity _____ [African/African-American, Asian/Asian-American, Latino/a,

First Language _____ Native American, White, Other
 (specify)]

Academic Major: _____

Year of Study (e.g. sophomore, junior, senior, returning for 2nd degree) _____ If returning for 2nd degree, what was first degree in? _____ Do you have a job aside from being a student? If so, where do you work and what do you do?

Why do you want to be a _____ (insert profession)? [or, Why did you decide to major in _____, or, Why are you taking this course?]

What is something about you that is probably not true of other students in the class (for example, an unusual experience, hobby, skill, or interest)

Favorite movie: _____

Favorite music or book: _____

Favorite hobby or sports Activity: _____

What is the most beautiful sight you have ever seen? _____

Times unavailable for group work. In the spaces below, please cross out the times when you will NOT be available to work outside class on assignments with your group. Mark only genuine conflicts, such as with classes or job responsibilities.

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8AM-9							
9-10							
10-11							
11-12PM							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							
8-9							
9-10							
10-?							