

Orientation Questionnaire

NAME (LAST, FIRST, MIDDLE): _____

DATE OF BIRTH: _____ AGE: _____

SEX: MALE FEMALE

T-SHIRT SIZE: XS S M L XL XXL

TAMPA ADDRESS (if known): _____

TAMPA PHONE NO (if known): (_____) _____ - _____

HOME OF RECORD (HOR): _____

HOR PHONE NUMBER: (_____) _____ - _____

NEXT OF KIN (NOK) NAME: _____

NOK PHONE NUMBER: (_____) _____ - _____

WHAT IS YOUR INTENDED MAJOR? _____

HAVE YOU REGISTERED FOR CLASSES? _____

IF NOT, WHEN IS YOUR REGISTRATION APPOINTMENT? _____

DID YOU REGISTER FOR NSC 1101 AND NSC 1110? Y N

ARE YOU LIVING ON OR OFF CAMPUS? ON OFF

IF OFF, WHEN DOES YOUR LEASE START? _____

DO YOU HAVE ANY DIETARY RESTRICTIONS? (VEGAN, LACTOSE INTOLERANT, KOSHER, ETC.) _____

DO YOU HAVE ANY ALLERGIES? _____

WILL YOU BE HAVING GUESTS ATTEND THE GRADUATION DINNER ON THURSDAY? _____

IF SO, PLEASE LIST THEIR NAMES OR PROVIDE AN ESTIMATED NUMBER OF GUESTS (If your guests are active or retired military please specify their rank).

TOTAL: _____

NAMES: _____

*Send completed form AND CLASS SCHEDULE to mciver@usf.edu or fax to (813) 974-0058