

Course ENGR-1020
 Section

Instructor

Student Last Name
 Student First Name
 Student ID
 Student E-mail
 Student Telephone1
 Student Telephone2

Hours	Hours of work (Job) per week	<input type="text"/>
	Hours of Class per week	<input type="text"/>

Interests:	(Select all Interests)	Mark X
	Electrical Engineering	<input type="checkbox"/>
	Mechanical Engineering	<input type="checkbox"/>
	Computer Engineering	<input type="checkbox"/>
	Network Engineering	<input type="checkbox"/>
	Software Engineering	<input type="checkbox"/>
	Chemical Engineering	<input type="checkbox"/>
	Civil Engineering	<input type="checkbox"/>
	Industrial Engineering	<input type="checkbox"/>
	Industrial Manufacturing Technology	<input type="checkbox"/>
	Electronics Technology	<input type="checkbox"/>
	Computer Technology	<input type="checkbox"/>
	Networking Technology	<input type="checkbox"/>
	Other -write below	<input type="text"/>

Courses Software Skills		Mark X
	Algebra	<input type="checkbox"/>
	Trigonometry	<input type="checkbox"/>
	Physics	<input type="checkbox"/>
	Microsoft Word	<input type="checkbox"/>
	Microsoft Excel	<input type="checkbox"/>
	Microsoft Powerpoint	<input type="checkbox"/>
	Website Design	<input type="checkbox"/>
	Basic Electricity	<input type="checkbox"/>
	Basic Woodworking Skills	<input type="checkbox"/>
	Basic Mechanical Skills	<input type="checkbox"/>

Languages I can speak		Mark X
	English	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>