

Summer Transition Program Pre-Registration Form

NAME: _____ GENDER: _____

STUDENT ID #: _____ DATE OF BIRTH: ___/___/___

ADDRESS: _____

(City) (State) (Zip)

TELEPHONE: (____) _____ EMAIL: _____

INTENDED MAJOR: _____

PARENT/ GUARDIAN NAME: _____

PARENT/ GUARDIAN ADDRESS: _____

(City) (State) (Zip)

DAY TELEPHONE (____) _____ EVENING (____) _____

I ***will be*** attending STP 2009 from August 14-19

I ***will not be*** attending STP 2009 because: I have prior commitments

I work and cannot take time off

I will not enroll at LC

Other _____

SIGNATURE _____ DATE ___/___/___
(Student)

SIGNATURE _____ DATE ___/___/___
(Parent as approval for program participation)

Getting to know you

- T- Shirt size (circle one): S M L XL XXL XXXL Other: _____
- Do you require any special accommodation(s) for the following reasons:
 - Dietary? No Yes _____
 - Physical needs? No Yes _____
 - Others? No Yes _____
- Do you feel confident in your abilities to accomplish tasks on time? Yes No
- Do you feel confident getting to know new people? Yes No
- Do you feel anxious about college? Yes No

Please indicate your experience with Libraries:

	None	a little	sometimes	often	extensive
In the past I have used the:					
School Library	1	2	3	4	5
Public Library	1	2	3	4	5
College or University Library	1	2	3	4	5
Online Library catalog	1	2	3	4	5
Electronic books	1	2	3	4	5
Other (specify) _____					

Do you have a computer at home? Yes No If yes, do you have internet connection? Yes No

Please indicate your experience with computers:

	none	a little	sometimes	often	extensive
Word Processing	1	2	3	4	5
Microsoft Office	1	2	3	4	5
Microsoft Excel	1	2	3	4	5
PowerPoint	1	2	3	4	5
Access Database	1	2	3	4	5
Blackboard (course management software)	1	2	3	4	5
Surfing the Internet	1	2	3	4	5
Social Networking	1	2	3	4	5
Creating:					
Games	1	2	3	4	5
Graphic programs	1	2	3	4	5
Animated movies	1	2	3	4	5
Music videos	1	2	3	4	5
Other (specify)	1	2	3	4	5

- Anything else we should know about you before arrival to campus?
