

CS4704
Fall 2000
Dr. Sallie Henry
Team Form

Name (Print): _____

Preferred Name: _____

Email: _____

Telephone: _____

What is your QCA? _____

What is your CS QCA? _____

How many credits are you taking? _____ (ignore this course) Grad = grad*1.5

How many CS credits? _____ (ignore this course)

How many hours/week do you work? _____

What grade do you plan on getting in this class? _____

Do you have a spouse/significant other? _____

Do you have a child? _____

Are you graduating this semester? _____

Are you interviewing? _____

Who would you like to work with? _____

Who do you refuse to work with? _____