

**UNDERGRADUATE STUDENTS**  
**COLLEGE OF COMMUNICATION**  
Student Information [Bring to class on opening day]

Litwin Course \_\_\_\_\_ Day \_\_\_\_\_

Your Name \_\_\_\_\_

Banner \_\_\_\_\_

College Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (**Preferred**) \_\_\_\_\_

Secondary (Work) Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

email \_\_\_\_\_

High School \_\_\_\_\_ Town \_\_\_\_\_

Declared Major \_\_\_\_\_ Year \_\_\_\_\_

Other Colleges Attended \_\_\_\_\_

Profession/Employer \_\_\_\_\_

Professional Goal \_\_\_\_\_