

WISE CHOICE INFORMATION SHEET

I, _____, am aware that AT NO TIME am I to leave my guest alone for any reason!
(Your name) (See note below)

NAME (Please Print Clearly)	Ms.
DORM NAME & NUMBER	
EMAIL ADDRESS	
PHONE NUMBER	
NAME OF YOUR HOME TOWN	
NAME OF YOUR HIGH SCHOOL	
MAJOR	
ETHNICITY	
ROOMMATE'S SIGNATURE	X

Please provide your Friday class schedule below. Make sure to give us your professors' names so we can contact them to let them know you will be bringing a guest to class.

Class Name & Number	Professor's Name	Building & Room Number
8:00 _____	_____	_____
9:05 _____	_____	_____
10:10 _____	_____	_____
11:15 _____	_____	_____
12:20 _____	_____	_____
1:25 _____	_____	_____
2:30 _____	_____	_____
3:35 _____	_____	_____

NOTE: ***I understand that WISE Choice hosts must be available to their guests from Thursday until noon Saturday.

_____ I HAVE SIGNED UP TO BE A HOST BEFORE, BUT DID NOT GET A GUEST.

Host Signature _____

Please return complete form to 104 Riggs Hall