

**Student Profile Sheet**  
**Course Name Here**  
**Blank Quarter, 2003-2004**

The purpose of the collection of this information is to help your small group facilitator get to know you better. This information will only be shared with your small group facilitator. If you feel uncomfortable providing any of the information please feel free to leave that space blank.

Full Name \_\_\_\_\_

Name you prefer to be called \_\_\_\_\_

Hobbies/Non-Professional Interests \_\_\_\_\_

Undergraduate Institution \_\_\_\_\_

Graduate Institution (if applicable) \_\_\_\_\_

Previous health care educational background and/or experience

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