

MECH307 Student Information Survey

Name (last, first): _____

Lab Section Number, Day, and Time (e.g., L01, T, 8 am): _____

People **in your Lab Section** who you would like to have as group members
(up to 3 others; blank if no preference):

Approximate Overall GPA: _____

Is this your first time taking this course?

yes (this is my first time in the course)

no (I am repeating the course)

I am re-using my previous Lab score of: _____

I am re-using my previous Project score of: _____

Preferred group working time:

weekday
mornings

weekday
afternoons

weekday
evenings

weekends

Electronics experience (building circuits, repairing electronics, using instrumentation, etc.):

none

some

extensive

Crafting experience (woodworking, model building, etc.):

none

some

extensive

Computer ability (programming, application proficiency, Internet skill):

poor

average

excellent

Machine shop experience (using mills, lathes, drill presses, etc.):

none

some

extensive

Non school-work job commitment (hours per week):

none

1-9 hr

10-19 hr

20-29 hr

30 or more hr

If you bought a new, hard-cover, printed textbook, would you like Dr. Dave's share of the profit donated to the ME Department?

yes

no

no preference

I bought a used or electronic book