DIAGNOSTIC QUESTIONNAIRE FOR WEEK 1

Name:

e-mail:

Phone:

Please list the <PROGRAM> courses by name (approximately) you are taking this term.

Are you working in addition to studying and, if so, how many hours per week?

Which <PROGRAM> courses (top 3) have you most enjoyed so far and why?

1.

2.

3.

What do you plan to do after you graduate from UVic?

What interests/hobbies/volunteer activities do you have outside of school/work?

What do you hope to get out of this course?