

Entrepreneurial Lab Student Information Worksheet

Name: _____

E-Mail: _____

Current Major: _____

Current GPA: _____

Year in School: Freshman Sophomore Junior Senior

Student Status: Part Time___ Full Time___

Graduate___ Undergraduate___

If Graduate Student: Undergraduate Institution: _____

Graduation Year: _____ Major: _____

Addresses- Permanent: _____

Addresses- Local: _____

Telephone- Cell: _____

Do you have your own car? Yes No

Work Experience: (2 most recent positions)

1) Employer/Title: _____

Responsibilities: _____

2) Employer/Title: _____

Responsibilities: _____

Non-Academic Affiliations: _____

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Special Interests/Hobbies: _____

Future Career Objectives in 5 years from now: _____

Hours of Availability:

Monday

Tuesday

Wednesday

Thursday

Friday

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