



Psi Chi Chapter Member Survey

SAMPLE SURVEY

Name	Email
Phone: Residence Cell	Best time(s) to call

BEST DAYS/TIMES FOR MEETINGS

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday		<input type="checkbox"/> 7 am	<input type="checkbox"/> 12 noon	<input type="checkbox"/> 5 pm
				<input type="checkbox"/> 8 am	<input type="checkbox"/> 1 pm	<input type="checkbox"/> 6 pm
				<input type="checkbox"/> 9 am	<input type="checkbox"/> 2 pm	<input type="checkbox"/> 7 pm
				<input type="checkbox"/> 10 am	<input type="checkbox"/> 3 pm	<input type="checkbox"/> 8 pm
				<input type="checkbox"/> 11 am	<input type="checkbox"/> 4 pm	<input type="checkbox"/> 9 pm
						<input type="checkbox"/> 10 pm

INTERESTS

<input type="checkbox"/> Lectures	Topics of interest	<input type="checkbox"/> Research presentation practice	Specific suggestions
<input type="checkbox"/> Informal speakers		<input type="checkbox"/> Paper/poster sessions	
<input type="checkbox"/> Panel discussions		<input type="checkbox"/> Mock GREs	
<input type="checkbox"/> Workshops		<input type="checkbox"/> Social activities	
		<input type="checkbox"/> Volunteer work	
		<input type="checkbox"/> Help department	
		<input type="checkbox"/> Help community	

Research <input type="checkbox"/> Currently involved <input type="checkbox"/> Willing to be involved	Committees Are you willing to serve on committee(s) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which committee?
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CLASSIFICATIONS

Class: <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student	Major Minor Number of hours taking this semester	<input type="checkbox"/> Full-Time student <input type="checkbox"/> Part-Time student <input type="checkbox"/> Day student <input type="checkbox"/> Night student	<input type="checkbox"/> Full-Time job <small>Hours per week</small> <input type="checkbox"/> Part-Time job <small>Hours per week</small> <input type="checkbox"/> Other obligations (please specify)	Residence <input type="checkbox"/> On campus <input type="checkbox"/> Off campus Distance from school	Number of hours volunteering/working with charities or community services:
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