Beginning-of-Class Survey (PHY 431 Optics)

Name	e (Last, First): E-mail address:	
Name you want me to call you (spell out phonetically if non-obvious how to pronounce):		
1.	Major(s):	
2.	Year:1 st ,2 nd ,3 rd ,4 th ,5 th ,Other (Specify)	
3.	Do you satisfy the prerequisite for this course?	
	When did you take the course? Circle the course(s)	
	PHY 183A or PHY 184 or PHY 184B or PHY 234B or PHY 294H PHY 192	
	PHY 215 or PHY 215B Completion of Tier I writing requirement.	
	If you do not satisfy the prerequisite, you may still be permitted to take the course, but need to meet	
	with me soon to discuss this.	
4.	Are you able to make these office hours? (check those you can make) Office hours are tentatively scheduled as follows:	
	Tue, 4:00-5:00 pm (Lai)	
	If you cannot make any time (or if you want to provide additional comments on office hours), explain when office hours should be scheduled:	
5.	Anything else you think I should know about you? Any special request(s)?	
6.	Anything you want to know about me or the course?	

7.	What do you know about "Optics" and "Light"? Define "Optics" in your own terms.
	Name two or three more optics jargon terms that you'd like to have defined.
	Name two or three technology topics/issues in the area of optical science that you are most interested in exploring this semester.
8.	How familiar are you with "Waves", and "Electromagnetic Waves"? (eg. Can you give examples or even write down a mathematical description?)
9.	Have you worked on group projects before? If so, what role(s) did/have you played? Do you have any concerns regarding group projects?
10.	Rank the learning styles on a scale of most (10) and least (0) like you. Feel free to provide further details about your learning style. Collaborative Participant Independent Cooperative Competitive
11.	In view of all you've considered while working on this survey, what are your expectations for this course? What do you hope to get from taking this class?