



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"/> 7 am <input type="checkbox"/> 8 am <input type="checkbox"/> 9 am <input type="checkbox"/> 10 am <input type="checkbox"/> 11 am	<input type="checkbox"/> Afternoons <input type="checkbox"/> 12 noon <input type="checkbox"/> 1 pm <input type="checkbox"/> 2 pm <input type="checkbox"/> 3 pm <input type="checkbox"/> 4 pm
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday		<input type="checkbox"/> Evenings <input type="checkbox"/> 5 pm <input type="checkbox"/> 6 pm <input type="checkbox"/> 7pm <input type="checkbox"/> 8 pm <input type="checkbox"/> 9 pm <input type="checkbox"/> 10 pm	
INTERESTS					
<input type="checkbox"/> Lectures <input type="checkbox"/> Informal speakers <input type="checkbox"/> Panel discussions <input type="checkbox"/> Workshops	Topics of interest		<input type="checkbox"/> Research presentation practice <input type="checkbox"/> Paper/poster sessions <input type="checkbox"/> Mock GREs <input type="checkbox"/> Social activities <input type="checkbox"/> Volunteer work <input type="checkbox"/> Help department <input type="checkbox"/> Help community	Specific suggestions	
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?		
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 <input type="checkbox"/> Part-Time job <small>Hours per week</small> <input type="checkbox"/> Other obligations (please specify) <small>Hours per week</small>	Residence <input type="checkbox"/> On campus <input type="checkbox"/> Off campus Distance from school	Number of hours volunteering/working with charities or community services: