

# UNIX/Linux Installation & Configuration (CIS 90)

## Fall 2008 -- Student Survey

### Student Information

- First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
- Date: \_\_\_\_\_ Email address: \_\_\_\_\_
- Web site, if any: \_\_\_\_\_
- Are you taking this class for:  pass/no-pass  grade (choose one)

### Computer Background

- Previous computer classes or training taken:
  
  
  
  
  
  
  
  
  
  
- Work or other experience using computers:

### Home equipment

- Do you have a computer you can use at home?  yes  no
- Do you have Internet access at home?  no  modem  dsl/cable

### Course Objectives

- What are you hoping to learn in this class?
  
  
  
  
  
  
  
  
  
  
- Other comments or special learning needs?