Pre-Training Questionnaire

Welcome to the first step in discovering your leadership potential within the Office of New Student Programs! This brief questionnaire was designed to collect your feedback on what you desire from a leadership development training, so that we [NSP] makes sure that a sound program is created that suits your needs. Please take a few minutes to answer the below questions. Thank you for your participation and we look forward to helping you grow!

Contact Information

First Name [Required]

Last Name [Required]

Classification [Required]
Valid input:
- Select only one choice.
- must select a value.

[ ] Freshman
[ ] Sophomore
[ ] Junior
[ ] Senior

Program [Required]
Valid input:
- Select only one choice.
- must select a value.

[ ] M.A.D.E. @ T
[ ] OSL

Preferred Email Address [Required]
Valid input:
- name@myschool.edu

Program Questionnaire

What expectations do you have for the leadership development training program?

What topics would you like to learn about and/or discuss during training?

Are there any skills you would like to improve upon during this training? If so, please list below.