



UIWRSO 2018-2019 Big Sib/Lil'Sib Matching Form

The Big Sib/Lil' Sib program has been developed to assist our first year students with their transition into the program. Please fill out the following information to be used to help create successful matches for this program. Matches will be released mid-summer.

Full Name: _____

Preferred Name: _____

Student ID# _____

Best Phone Number: _____

Best Email: _____

Birthdate: _____

Home City and State: _____

Undergraduate University/College: _____

Undergraduate Major: _____

Hobbies, Activities and Interests: _____

I am *most* interested in the following optometric service area (please check one):

- | | |
|-----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Low Vision & Rehab |
| <input type="checkbox"/> Ocular Disease | <input type="checkbox"/> Vision Therapy |
| <input type="checkbox"/> Contact Lens | <input type="checkbox"/> Adult Primary Care |
| | <input type="checkbox"/> Sports Vision |