



1. Please provide the following information:

Last Name _____ First Name _____
Campus Address _____ City _____ State ___ Zip _____
Home Address _____ City _____ State ___ Zip _____
Phone Number _____ eID _____

2. What is your motivation to participate in this self-development experience?

3. Please describe your best and most challenging experiences since coming to K-State.

4. What do you hope to gain from Catalyst?

5. How did you hear about Catalyst?

___ Orientation ___ Word of Mouth
___ E-mail ___ Collegian ___ Other _____

6. Below is a list of Catalyst small group meeting times. Please put an X by times that conflict with your schedule, and rank the rest in order of your preference.

___ Monday 9:30-10:20	___ Tuesday 5:30-6:20
___ Monday 3:30-4:20	___ Wednesday 8:30-9:20
___ Monday 4:30-5:20	___ Wednesday 3:30-4:20
___ Tuesday 2:30-3:20	___ Thursday 4:30-5:20

E-mail this completed form to bkctlyst@k-state.edu by 5 p.m. Monday, November 16th. If you have questions, please e-mail the Catalyst Directors at the same e-mail address. After your enrollment form has been submitted, a confirmation e-mail will be sent to you from Blue Key.

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