

Student Activities Questionnaire

Name (First, Middle, Last): _____ Preferred Name: _____
Today's Date: _____ Student ID: _____

DEGREE INFORMATION

School: _____ Year of Graduation: _____
Degree: _____ Major: _____
Major: _____

CONTACT INFORMATION

Preferred Mailing Address (Home or Business)

Circle one

Home

Home Address: _____ Home Phone: _____
_____ Mobile Phone: _____

Employment:

Employer: _____ Business Phone: _____
Business Address: _____ Business Fax: _____
_____ Job Title: _____
_____ Career Category: _____

E-mail:

Primary (Preferred) E-mail: _____
Alternate E-mail: _____

EMORY ACTIVITIES AND OFFICES HELD

(For all information below, please list the years in which you participated. Add additional pages if necessary)

Student Organizations and Clubs: _____

Greek Organizations: _____

Religious Activities: _____

Study Abroad (when and where): _____

Athletic Groups and Sports Teams: _____

Honors and Awards: _____

RETURN THIS FORM TO YOUR DEAN WITH THE APPLICATION FOR DEGREE