

QUESTIONNAIRE

NAME:

SOCIAL SECURITY #:

PANTHERSOFT ID #:

Please fill out the questionnaire and return to Dr. John Makemson, Department of Biological Sciences, OE 246.

1. When is your graduation date?

Spring

Summer

Fall

Year

2. What do you intend to do in the coming year?

Please send the name of the university you will attend for your medical, veterinary or dental degree:

Please send the name of the university in which you will pursue a graduate degree and if yes, which degree are you seeking.

3. Do you intend to teach? Yes _____ No _____

If yes, please indicate the school at which you will be teaching and what grade(s).

4. Do you intend to be a Field Biologist? Yes _____ No _____

If yes, what is the name of the institution or firm that you will be working for and what will be the nature of your work.

5. What will your address be for the coming year?

6. What is your parents/guardian permanent address and phone number?

7. You need to return this questionnaire if you wish to graduate