

## B.A. in International Studies Questionnaire Form

Last Updated: \_\_\_\_\_ Advisor: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Initial

Eagle ID# \_\_\_\_\_

Email Address: \_\_\_\_\_

University Address: \_\_\_\_\_

University Post Office Box: \_\_\_\_\_ University Phone Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Phone Number: \_\_\_\_\_

Status (please circle): Freshman      Sophomore      Junior      Senior      Graduate

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ 2nd Major: \_\_\_\_\_

Date Regent's Exam Taken: \_\_\_\_\_

Notes: