

B.S. in International Trade 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: