

Date: \_\_\_\_\_

## Graduate School Questionnaire

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Advisor: \_\_\_\_\_ Year: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

Do you have a resume?  YES  NO Graduation Date (MM/YY): \_\_\_\_\_

When are you thinking about starting graduate school? (MM/YY): \_\_\_\_\_

Have you started the application process?  YES  NO If yes, when did you start? (MM/YY): \_\_\_\_\_

Why are you considering graduate school? What are your career aspirations?

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What types of graduate programs interest you?

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Have you researched specific program at particular schools?  YES  NO

If yes, what programs and what schools interest you? \_\_\_\_\_

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What concerns do you have regarding graduate school? \_\_\_\_\_

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Which of the following will you have done by the time you graduate (mark all that apply)?

Honor's Thesis  Independent Study project  Research with a professor

Other type of research: \_\_\_\_\_