Student Activities Questionnaire

Name (First, Middle, Last): ________________________________ Preferred Name: ________________________________
Today's Date: ___________________ Student ID: __________________

DEGREE INFORMATION
School: ________________________________ Year of Graduation: __________________
Degree: ________________________________ 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:
______________________________________________
______________________________________________