

Name: _____

Email: _____

Phone: _____

GPA: _____

Anticipated date of graduation: _____

How many credit hours are you currently taking?: _____

Are there any evenings in which you would NOT be able to work? _____

What activities or organizations do you participate in?: _____

Do you hold any jobs, outside of being a student? If yes, please describe your work schedule: _____

Do you have any previous research experience?: _____

What areas of nutrition and exercise are you interested in?: _____

What are your plans after graduation?: _____

List your 3 greatest strengths and 1 of your weaknesses: _____

Other comments: _____

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