

“U of A” Questionnaire

NAME: _____ AGE: _____

HOME PHONE: _____ CELL PHONE: _____

FACEBOOK/MYSPACE/TWITTER ID's: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

SIBLING'S NAME/AGE (if applicable): _____

WHAT IS YOUR HOMETOWN LIKE?

WHAT IS YOUR HIGH SCHOOL LIKE?

WHAT SOCIAL CIRCLE DO YOU FIT INTO?

ARE YOU IN A RELATIONSHIP? IF YES, DESCRIBE LENGTH, SERIOUSNESS:

DESCRIBE A TYPICAL WEEKEND/WHAT ARE YOU MOST LIKELY TO BE FOUND DOING ON A FRIDAY NIGHT? _____

WHAT ARE YOUR PARENTS LIKE? _____

HOW MANY COLLEGES DID YOU APPLY TO? WHY DID YOU DECIDE TO ATTEND U OF A?

DO YOU HAVE A MAJOR IN MIND? IF NOT, WHAT SUBJECTS INTEREST YOU?

WHAT DO YOU HOPE TO GET OUT OF COLLEGE?

WHERE DO YOU SEE YOURSELF IN 10 YEARS?

HAVE YOU EVER SHARED A ROOM? WHAT KIND OF ROOMMATE WILL YOU MAKE?

IS JOINING THE GREEK SYSTEM IMPORTANT TO YOU? IF YES, WHY?

WHAT DO YOU CONSIDER YOUR BEST AND WORST QUALITY? EXPLAIN:

RIGHT NOW, WHAT IS YOUR TYPICAL DAILY ROUTINE?

WHAT IS YOUR FAVORITE – MOVIE, TV SHOW, BAND, FOOD?

WHAT ARE YOUR HOBBIES AND INTERESTS?

WHAT ARE PEOPLE'S FIRST IMPRESSIONS OF YOU?

ARE YOU NERVOUS ABOUT GOING COLLEGE? EXPLAIN: _____

HOW DO YOU PLAN ON PAYING FOR SCHOOL? _____

PLEASE TELL US ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU AND YOUR STORY.

NAME: _____ **DATE** _____
(Please print)

SIGNATURE _____