

ADMISSION INFORMATION REQUEST FORM

Mr. ___ **Ms.** ___ **NAME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

COUNTRY: _____

EMAIL: _____

PHONE: _____ (not required)

BIRTH DATE (mm/dd/yyyy): ____ / ____ / _____

EXPECTED SEMESTER OF ENROLLMENT: (Check one)

Fall: _____ Spring: _____ Summer: _____

2003: _____ 2004: _____ 2005: _____ 2006: _____

PLEASE SEND ME: (Check all that apply)

_____ Information about the Horticulture Department

_____ Admission Application

_____ Undergraduate Scholarship Information

_____ Information on Horticulture Degree Plans

ENTRANCE LEVEL:

_____ Undergraduate

_____ Transfer Student

_____ Returning to School

_____ Starting a New Career

_____ Graduate Student (M.S.)

_____ Graduate Student (Ph.D.)

PROGRAM OF INTEREST:

_____ Horticulture _____ Turf and Landscape Horticulture

PRIMARY AND SECONDARY INTEREST IN HORTICULTURE: (Rank 1 & 2)

_____ Floriculture and Flowers

_____ Ornamentals

_____ Landscaping

_____ Fruits

_____ Vegetables

_____ Shade Trees

_____ Turf Management

_____ Golf Course Management

DISCIPLINE INTERESTS:

_____ Production & Management

_____ Business

_____ General Science

_____ Genetics, Breeding & Biotechnology

_____ Physiology & Nutrition

WHAT ARE YOUR HOBBIES AND INTERESTS? (Not Required)

(Attach Additional Sheet if required)