Name: __________________________ Birthdate or UCF PID: __________________________

E-mail Address: __________________________ Telephone: __________________________

Address: __________________________

City, State, Zip: __________________________

**Which level of study do you seek?** (Check one)  
☐ Master’s  ☐ Doctorate  ☐ Certificate  ☐ Nondegree Seeking

**Major/program of interest:** __________________________

**Entry Term:** (Check one)  
☐ Fall  ☐ Spring  ☐ Summer  ☐ Year: __________________________

**How did you hear about the Graduate Fair?** (Please check all that apply)  
☐ E-mail  ☐ Poster/Postcard  ☐ Website  ☐ Central Florida Future  ☐ NPR  
☐ Facebook Ad  ☐ Other Social Media  ☐ Other, please specify: __________________________

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