

**Florida State University
Department of Urban and Regional Planning**

SUPPLEMENTARY QUESTIONNAIRE FOR Ph.D. APPLICANTS

APPLICATION DEADLINES:

Fall Term: January 15

Spring Term: July 1

For which term, _____ AUGUST, 20____, FALL TERM
do you seek admission: _____ JANUARY, 20____, SPRING TERM

*Please type or print clearly. Return this questionnaire directly to **Admissions, Department of Urban and Regional Planning, Florida State University, Tallahassee FL 32306-2280**. Please note that a separate International Application for Admission is required and must be filed with the Office of Admissions.*

1. NAME: _____ 2. _____
Family Given Social Security No. (U.S. Residents Only)

3. E-MAIL ADDRESS: _____

4. PERMANENT HOME ADDRESS:

Street and Number City State Postal Code Country

5. PRESENT ADDRESS (if different):

Street and Number City State Postal Code Country

6. TELEPHONE NUMBER: (home) _____ (business): _____

7. CITIZENSHIP: _____ 8. DATE OF BIRTH: _____ / _____ / _____
Month Day Year

9. GRADUATE RECORD EXAMINATION: _____ / _____ / _____ / _____ / _____
Date Score: Verbal Quantitative Analytical Total

10. TEST OF ENGLISH AS A FOREIGN LANGUAGE (Int'l applicants only): _____ / _____
Date Score

11. COLLEGES AND UNIVERSITIES ATTENDED (In Chronological Order):

<i>Institution</i>	<i>Location</i>	<i>First Enrolled</i>	<i>Degree</i>	<i>Major</i>	<i>Date</i>

12. UNDERGRADUATE UPPER DIVISION GRADE POINT AVERAGE: _____
(average for junior and senior years--indicate scale if A equals other than 4.0)

13. GRADUATE GRADE POINT AVERAGE (if applicable): _____
(indicate scale if A equals other than 4.0)

14. SCHOLASTIC DISTINCTIONS ACHIEVED:

15. EXTRA-CURRICULAR ACTIVITIES:

16. EMPLOYMENT (List professional, military, and relevant volunteer work you have had in the last five years):

<i>Name & Type of Firm/Agency</i>	<i>Dates of Employment</i>	<i>Full-Time/ Part-Time or Paid</i>	<i>Volunteer Duties</i>
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17. List any computer software for which you have significant proficiency and the level of proficiency attained.

<i>Software</i>	<i>Level of Proficiency</i>
	<i>Elementary Intermediate Advanced</i>

18. MEMBERSHIP IN LEARNED SOCIETIES OR PROFESSIONAL ORGANIZATIONS:

19. STATEMENT. *Please attach a typewritten statement in which you describe your career goals, the intended focus of your doctoral studies, and the manner in which you see your studies as preparing you to satisfy your goals. Be as specific as possible. Include any auto-biographical information you see as pertinent to demonstrating your abilities to complete your studies or satisfy your goals.*

20. SIGNATURE: _____ 21. DATE: _____
Month Day Year