

DEPARTMENTAL QUESTIONNAIRE

Master of Science - Agricultural Communications

Family Name	First Name	Middle Name, II any
Date o	f Birth (mm/dd/yyyy) Appl	lyTexas ID Number
Do you intend to enroll fu	ull-time or part-time?	Full-time Part-time
Are you interested in Available to resident degree	a Graduate Assistantship pose program students only	sition?
YES	NO	
Which of the following	g individuals have you been ii	n contact with about our program?
Dr. Cindy Akers	Dr. David Doerfert	Dr. David Lawver
Dr. Matt Baker	Dr. Steve Fraze	Dr. Courtney Meyer
Dr. Amy Boren	Dr. Courtney Gibson	Dr. Rudy Ritz
Dr. Todd Brashears	s Dr. Erica Irlbeck	Dr. Jonathan Ulmer
Dr. Scott Burris	Other(s) – Please list:	