



Cornell University

# Welcome to Cornell University's Department of Animal Science

## Contact Information

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current High School or College/University: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Year/Semester you plan to attend Cornell: \_\_\_\_\_ (include Fall/Spring)

Are you a transfer student? Yes No

Have you already applied to Cornell University? Yes No

What month would you like to visit the Dairy Fellows Program? \_\_\_\_\_

How did you find out about the program? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Direct Mail                 | <input type="checkbox"/> Internet Research |
| <input type="checkbox"/> Contacted by the Department | <input type="checkbox"/> Cornell Alumni    |
| <input type="checkbox"/> Referred by: _____          |  |
| <input type="checkbox"/> Other: _____                |  |

Which areas of Dairy Management are you currently most interested in pursuing through your education? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Dairy Management                          | <input type="checkbox"/> Agricultural Finance and Business |
| <input type="checkbox"/> Dairy Product Manufacturing and Marketing | <input type="checkbox"/> Environmental Management          |
| <input type="checkbox"/> Pre-Veterinary Science                    | <input type="checkbox"/> Dairy and Animal Science          |
| <input type="checkbox"/> Other: _____                              |  |

What is your preferred method of communication?

- |                                      |                                 |                                    |                                       |
|--------------------------------------|---------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Postal Mail | <input type="checkbox"/> E-mail | <input type="checkbox"/> Telephone | <input type="checkbox"/> Other: _____ |
|--------------------------------------|---------------------------------|------------------------------------|---------------------------------------|