

College
Graduate Questionnaire

Name: _____

Parents' Names: _____

College: _____

Type of Degree & Major/Minor: _____

College Activities: _____

Honors/Awards: _____

Future/Career Plans: _____

Goal in Life: _____

Please check one

____ Yes, I plan to attend the Graduate Recognition Ceremony (both AM Worship Services) on May 19th.

____ Yes, I plan to attend the Graduate Recognition Ceremony (only one AM Worship Service) on May 19th.

Which One? 9:15am _____ 10:45am _____

____ No, I do not plan to attend the Graduate Recognition Ceremony on May 19th.

Also, please send in couple of pictures from college including a graduation one with this form. If possible, please email them to adamguice@trinityoffairview.org or you can put them on a USB in JPEG format! Physical copies are okay but not recommended.

Please turn this form into Adam by Sunday, May 12th.