

# CAFNR INTERNATIONAL PROGRAM BIO-SHEET

Program: \_\_\_\_\_

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

Major: \_\_\_\_\_

Year in School: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact you: \_\_\_\_\_

## **Emergency Contact Information:**

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

Relation: \_\_\_\_\_

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

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

Day Phone: \_\_\_\_\_

Night Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Relation: \_\_\_\_\_

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

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

Day Phone: \_\_\_\_\_

Night Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **Academic Information:**

University: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

GPA: \_\_\_\_\_