



# CAREERS IN AG PROGRAM APPLICATION

NAME: \_\_\_\_\_

UNIVERSITY: \_\_\_\_\_

MAJOR/AREA OF STUDY: \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CITY OF RESIDENCE: \_\_\_\_\_

How did you hear about the program?

\_\_\_\_\_

\_\_\_\_\_

Why are you applying to the program?

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Submit application or direct questions to:**

D. Lee Dueringer  
Interim Director – Career Center  
University of Arizona  
(602) 827-2209  
[dueringe@cals.arizona.edu](mailto:dueringe@cals.arizona.edu)