Coastal and Marine Laboratory

Academic Diving Program

Diver Questionairre

_______________________________ _______________________________ _______________________________

Name of Applicant (Print or Type) Social Security # Date.

Local Address: ____

Local: HOME Phone # ________________WORK Phone # ________________ E-Mail: ______________________

Permanent Address: ____

Occupation: _____________________________________Date of Birth ______/______/______ Gender: _____

00 / 00 / 00

EMERGENCY INFORMATION: *In case of an emergency, whom should we contact?*

Name: ____Relationship: __________________________________

Home Phone # (______)_______________________Work Phone # (_______)_____________________________

Address: ____

Univ. Status: ☐F ☐S ☐ J ☐Sr. ☐Grad. Program.: ☐MS ☐ PHD ☐ SS ☐None ☐ Staff ☐Faculty

Major: ____________________ Dept.: _____________ Major Professor: ______________________________

SCIENTIFIC DIVERS AND LEADERSHIP CANDIDATES MUST COMPLETE A DIVER RESUME IN ADDITION TO THIS QUESTIONNAIRE

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Complete this form and return it to:

Academic Diving Program
Coastal & Marine Laboratory
Florida State University
2035 E. Paul Dirac Dr., Suite 100
Tallahassee, FL 32306-2761

Telephone: 850-644-8299
Fax: 850-644-8297
http://www.marinelab.fsu.edu/adp.html

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