



**ALUMNI UPDATE FORM**

LAST/FAMILY NAME		YEAR OF GRADUATION
FIRST NAME	M.I.	FORMER (OR MAIDEN) NAME(S)
DEGREE	<input type="checkbox"/> AA	<input type="checkbox"/> BA
	<input type="checkbox"/> BBA	<input type="checkbox"/> BFA
	<input type="checkbox"/> MA	<input type="checkbox"/> MBA
PROGRAM	<input type="checkbox"/> ART	<input type="checkbox"/> BUSINESS
	<input type="checkbox"/> CREATIVE WRITING/ENGLISH	<input type="checkbox"/> MUSIC
	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> HUMANITIES
	<input type="checkbox"/> MOVING IMAGE ARTS	<input type="checkbox"/> THEATER
	<input type="checkbox"/> POLITICAL SCIENCE	<input type="checkbox"/> PSYCHOLOGY
	<input type="checkbox"/> PHOTOGRAPHY	<input type="checkbox"/> OTHER

**PERSONAL INFORMATION**

PERMANENT HOME ADDRESS (NUMBER, STREET AND APARTMENT/UNIT NUMBER)			
CITY	STATE	ZIP	COUNTRY
HOME PHONE (     )		CELLULAR PHONE (     )	
EMAIL ADDRESS			

**PROFESSIONAL INFORMATION**

ORGANIZATION NAME		
TITLE		
CITY	STATE	ZIP
COUNTRY	PHONE (     )	

Accomplishments or news that you would like to share with other alumni

May we post your contact information on the new alumni webpage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

**PLEASE RETURN COMPLETED FORM TO ALUMNI RELATIONS**