

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"/> STUDIO ART	<input type="checkbox"/> BUSINESS
	<input type="checkbox"/> CREATIVE WRITING/ENGLISH	<input type="checkbox"/> GRAPHIC DESIGN
	<input type="checkbox"/> MUSIC	<input type="checkbox"/> EDUCATION
	<input type="checkbox"/> HUMANITIES	<input type="checkbox"/> MOVING IMAGE ARTS
	<input type="checkbox"/> THEATRE	<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 ()		CELL PHONE ()	
EMAIL ADDRESS			

PROFESSIONAL INFORMATION

ORGANIZATION NAME		
TITLE		
CITY	STATE	ZIP
COUNTRY	PHONE ()	

Accomplishments or news 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
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PLEASE RETURN COMPLETED FORM TO ALUMNI RELATIONS