

# Stanton University Alumni Association Application Form

## Contact Information

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Email Address (Home): \_\_\_\_\_

Email Address (Work): \_\_\_\_\_

Address:

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

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

## School and Career Information

Year graduated or last attended: \_\_\_\_\_

Field of Study (circle one; if Other, please write out program title):

BBA                  MBA                  PGM                  MSOM                  Other: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

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

Business Address:

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## Interests

Would you be interested in serving as an Alumni Association Committee member?

Yes

No

If yes, which alumni activities would interest you?

Career Contact

School Events

Workshops/Lectures

Please write any comments, suggestions, and ideas below:

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