

CENTRO ESCOLAR UNIVERSITY

Manila

CANDIDATE FOR GRADUATION / ALUMNI INFORMATION SHEET

(PLEASE PRINT)

SURNAME

FIRST NAME

MAIDEN NAME

(For Alumni)

STUDENT NUMBER: _____ BIRTHDAY: _____

DEGREE COURSE: _____ YEAR: _____

COLLEGE/SCHOOL: _____ PROF. LICENSE: _____
(if any)

PRESENT OCCUPATION: _____

(IF EMPLOYED) EMPLOYER: _____

EMPLOYMENT POSITION: _____

BUSINESS ADDRESS: _____

TEL. NO.: _____ FAX NO.: _____

HOME ADDRESS (PRESENT) _____

TEL NO.: _____ FAX NO.: _____

EMAIL ADDRESS: _____

CELL PHONE NO.: _____ SIGNATURE: _____

DATE: _____

Copy To: Alumni Relations Department

AAF-AR 002
09/13/04

Page 1 of 1