



MCNAIR SCHOLARS PROGRAM

ALUMNI TRACKING FORM

DATE: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME: (____) _____ WORK: (____) _____ FAX: (____) _____

EMAIL ADDRESS: _____

HOME PAGE URL: _____

CURRENTLY ATTENDING SCHOOL AT: _____

MAJOR AREA(S) OF STUDY: _____

ANTICIPATED GRADUATION DATE: _____

CHECK ALL DEGREES YOU HAVE RECEIVED: __BA __MA __PHD/EDD __MD/JD

IF NOT CURRENTLY ENROLLED IN SCHOOL, DO YOU PLAN TO RETURN? _____

IF SO, POSSIBLE DATE: _____

INSTITUTION: _____

AREA OF STUDY: _____

CURRENTLY EMPLOYED WITH: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

POSITION: _____

IS THIS POSITION AN ASSISTANTSHIP?: _____

RECENT ACCOMPLISHMENTS (PUBLICATIONS, PRESENTATIONS, AWARDS, FELLOWSHIPS/SCHOLARSHIPS, PERSONAL):

NAME OF ADDRESS OF A FRIEND OR RELATIVE WHO WILL KNOW OF YOUR WHEREABOUTS:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

IF YOU COULD TELL CURRENT MCNAIR STUDENTS ONE THING OR GIVE THEM ONE PIECE OF ADVICE ABOUT GRADUATE SCHOOL,

WHAT WOULD IT BE?:

DO YOU RECEIVE THE MCNAIR NEWSLETTER "THE DOCTOR"?: _____

HAVE YOU VISITED OUR WEBSITE IN THE LAST SIX MONTHS?: _____

COMMENTS:

PLEASE RETURN THIS SURVEY BY MAIL, PHONE, FAX, OR EMAIL TO:

Wichita State University
LaWanda Holt-Fields
McNair Scholars Program
1845 Fairmount
Wichita, KS 67260-0199
phone (316)978-3139
FAX (316)978-3439
Toll-free (888) MCNAIR4

LAWANDA.FIELDS@WICHITA.EDU

Visit our website at <http://webs.wichita.edu/mcnair>