

**SENIORS
LAST YEAR**

AMERICAN UNIVERSITY OF SHARJAH

Office of the Registrar

Change of Information Form for Graduates

 **PLEASE FILL OUT THE FOLLOWING FORM BEFORE COLLECTING YOUR COMMENCEMENT INVITATION TICKETS ETC.**

_____ Graduate's Name	_____ Graduate's I.D.	_____ Graduation Year (e.g. 2002)
_____ (Please write degree in full)		_____ Full-time or Part-time

New Address	New Contact No.'s
C/o: _____	Residence: Tel: _____
P.O. Box: _____	Fax: _____
City: _____	Parent Mob.: _____
Postal Code: _____	Parent Work Tel.: _____
Country: _____	Graduate's Mob.: _____
	_____ Graduate's personal E-mail Address
Work Details	
Following your graduation will you be?	
<input type="checkbox"/> Employed <input type="checkbox"/> Self employed <input type="checkbox"/> Studying <input type="checkbox"/> Looking for work <input type="checkbox"/> Other: _____	
Job Title: _____	
Organization: _____	Industry: _____
Organization's Address: _____	
_____ _____	
Telephone: _____	Fax: _____
Web: _____	

 **ALL INFORMATION ON THIS FORM WILL REMAIN CONFIDENTIAL TO THE UNIVERSITY. IT WILL BE USED BY THE UNIVERSITY FOR ALUMNI RELATIONS, NETWORKING AND FUNDRAISING: YOUR PERSONAL DETAILS WILL NEVER BE DISCLOSED TO ANYONE OUTSIDE THE UNIVERSITY WITHOUT YOUR PERMISSION.**

_____ Graduate's signature	Date: ____/____/____. DD MM YYYY
_____ Office of the Registrar's signature	Date: ____/____/____. DD MM YYYY