

**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?**

Employed     Self employed     Studying     Looking for work     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.**

|                                     |                                    |
|-------------------------------------|------------------------------------|
| _____                               | Date: ____/____/____<br>DD MM YYYY |
| Graduate's signature                |                                    |
| _____                               | Date: ____/____/____<br>DD MM YYYY |
| Office of the Registrar's signature |                                    |