WEST VIRGINIA UNIVERSITY
BENJAMIN M. STATLER COLLEGE OF ENGINEERING AND MINERAL RESOURCES

ALUMNI DATA FORM

NAME _____

STUDENT ID _____

DATE OF GRADUATION _____

DEPARTMENT _____

DEGREE _____

AREA OF EMPHASIS _____

GRADUATE RESEARCH ADVISOR _____

EXPECTED EMPLOYER (NAME) _____

(ADDRESS) _____

_____

WORK TELEPHONE NUMBER _____

NEW MAILING ADDRESS _____

_____

_____

PERMANENT MAILING ADDRESS (IF DIFFERENT) _____

_____

_____

HOME TELEPHONE NUMBER _____

CELL PHONE NUMBER _____

EMAIL ADDRESS (PERMANENT) _____

Completed form must be submitted to the Department Graduate Program Coordinator when she/he signs the Final Approval Form.