



STRANMILLIS UNIVERSITY COLLEGE
A College of Queen's University Belfast

STRANMILLIS ALUMNI

Please complete the form in BLOCK capitals using blue or black pen.

PERSONAL INFORMATION

SURNAME	FORENAME	TITLE
Home Address		
		Postcode
Home No:	Work No:	Mobile No:
Email Address:		

COURSE COMPLETED	Start Date	Finish Date
<i>(Bed. Primary or Post Primary)</i>		
<i>(PGCE or Masters)</i>		
<i>(BSc. Health & Leisure Studies)</i>		
<i>(BA. Early Childhood Studies)</i>		

WHERE ARE YOU NOW?
Job Title:
Location:
Description:

If you would like to be removed from our mailing list please e-mail alumni@stran.ac.uk

HOW DID YOU GET THERE?

Let us know some of the contributing factors that led you to where you are now.....

Beginning:

Middle:

PHOTOS

Please provide us with electronic copies of photos you are willing to let us use on the News and Events section of www.stran.ac.uk or in the Stranews newsletter or via LinkedIn. Please provide a brief description of who is in the picture(s), when it was taken and what it relates to e.g. (Graduation Day 1995)

CONTINUING PROFESSIONAL DEVELOPMENT

Would you be interested in further study or short courses at Stranmillis University College

YES or NO

RESEARCH

Would be interested in getting involved with research activities at Stranmillis University College

YES or NO

DATA PROTECTION

I understand the information provided by me will be handled in accordance with the Data Protection Act 1998. I also agree to notify the college of any changes to my personal details. You are **not** required to give your personal contact information to any course tutor.

I declare that all information provided on this form is correct.

SIGNATURE

DATE

*Please email alumni@stran.ac.uk or phone **028 9038 4352** for further clarification on any aspect of this form.*