

WILSON COMMUNITY COLLEGE

Alumni Registration Form

Name _____
(First) (Middle) (Last) (Maiden)

Nickname _____ Date of birth ____ / ____ / ____ Gender Male Female

Address _____

Home Phone (_____) _____ Cell Phone (_____) _____ E-Mail _____

May we publish your name as an alumnus? Yes No

PROGRAM AREA (Check all that apply) _____

Continuing Education Year(s) Attended _____

Curriculum Year(s) Attended _____

Affiliation (Check all that apply)

Degree Graduate (Graduation Year) _____

Diploma Graduate (Graduation Year) _____

Former Student

Certificate (Completed) _____

Current Student

Area(s) of Study _____

NEWS TO SHARE _____

