



McNair Scholars Program

Alumni Tracking Form

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Home: (____) _____ Work: (____) _____ Fax: (____) _____

Email Address: _____

Homepage URL: _____

Currently Attending School at: _____

Major area(s) of study: _____

Anticipated graduation date: _____

Check all degrees you have received: __BA__MA__PhD/EdD__MD/JD

If not currently enrolled in school, do you plan to return? _____

If so, possible date: _____

Institution: _____

Area of study: _____

Currently employed with: _____

Address: _____

City/State/ZIP: _____

Position: _____

Is this position an assistantship?: _____

Recent accomplishments (publications, presentations, awards, fellowships/scholarships, personal):

Name of address of a friend or relative who will know of your whereabouts:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

If you could tell current McNair students one thing or give them one piece of advice about graduate school,

what would it be?:

Do you receive the McNair newsletter "The Doctor"?: _____

Have you visited our website in the last six months?: _____

Comments:

Please return this survey by mail, phone, fax, or email to:

Wichita State University

LaWanda Holt-Fields

McNair Scholars Program

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