

Physics Department Alumni 2007

Contact Information Update

First Name: _____ Last Name _____

Email: _____

Street Address _____

City, State _____ Zip _____

Telephone (home, optional): _____

Different last name when a CSULB student? _____

Education at CSULB

Attended CSULB as **undergraduate** student Graduation year: _____

CSULB Undergraduate Major(s) & Minor (if any): _____

Attended CSULB as **graduate** student Graduation year: _____

Graduate Degree Area: Physics Math Engineering Other _____

Check any of the following that apply to you

Working

Masters degree (or in program) from other institution

Ph.D. degree (or in progress)

Professional School degree: Medical, Dental, etc. (or in progress)

Please tell us what you are doing now. (Current Employment)

Company or Institution _____

Your work or job title _____

Yrs at current employment 0 to 5 yrs 6 to 10 yrs > 10 yrs

Major products or services _____

Click-Submit via email to the Chair of the Department of Physics and Astronomy