Dr. Jabulani Beza International Student Center ◆ Lincoln University
926 E. Dunklin Street ◆ Jefferson City, MO 65102 ◆ Ph: (573) 681-5473 ◆ Fax: (573) 681-5474

ALUMNI RECORD UPDATE

Please print clearly.

_____ _____ _____ _____
Last Name First Name Nickname LU Student ID

_____ _____
Email Phone # (with country code or area code)

Country of Origin Full Address
_____

_____

Years of Enrollment: From _____ To _____ Graduation Date _____
MM/YYYY MM/YYYY MM/YYYY

Degree's Completed (please check all that apply):
☐ Associate's ☐ Bachelor's ☐ Master's ☐ Specialist ☐ Certificate

Major _____ Second Major _____

Minor _____ Second Minor _____

Alumni Contact Preference

☐ I prefer to be contacted at the email address I provided above

☐ I prefer to be contacted via my U.S. telephone number (we are unable to contact international numbers)

Alumni Resource Preference

☐ I would like to serve as an alumni reference for other students from my same country of origin

☐ I would like to volunteer to assist with recruitment efforts in my country of origin

☐ I am willing to assist a student from my country of origin (i.e., care packages, financial assistance, travel assistance, etc.)

Publicity, Photography and Marketing Permission

☐ I grant the ISC permission to use images of me for marketing and publicity purposes (Please complete the Student Publicity Release and Agreement form)

☐ I do NOT grant the ISC permission to use images of me for marketing and publicity

Signature _____ Date _____

FOR ISC USE ONLY:

Received on _____ **by**_____ **Student File Updated on:** _____
(Month/Day/Year) **(ISC advisor's name)** **(Month/Day/Year)**