

**MORGAN STATE UNIVERSITY
UPWARD BOUND PROGRAM
ALUMNI INFORMATION FORM**

Dear Alumni:

Thanks for completing the Alumni Information Form. As you know, the Department of Education requires that we gather data about program graduates for six years after graduation to ensure that we have accurate information about your postsecondary achievements. Please take a minute to complete this form and let us know of any changes in your information previously submitted.

Send the completed form to:

**Attn: Alumni Information
Morgan State University
Upward Bound Program
McKeldin Center, Room 114
1700 E. Coldspring Lane
Baltimore, Maryland 21251
Fax (443) 885 -8276 or
Via EMAIL: connie.cooper@morgan.edu**

PERSONAL INFORMATION

FIRST NAME: _____
LAST NAME: _____
HIGH SCHOOL ATTENDED: _____
HIGH SCHOOL GRADUATION YEAR: _____

CONTACT INFORMATION

CURRENT ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
CELL PHONE: _____
EMAIL: _____

PERMANENT CONTACT INFORMATION (parents, guardian, etc.)

FIRST NAME: _____
LAST NAME: _____
ADDRESS: _____

CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
RELATIONSHIP: _____

EDUCATIONAL INFORMATION

- _____ **Attend college full-time (12 credits or more)**
- _____ **Attending college less than full-time (11 credits or less)**
- _____ **Varied enrollment over past year (e.g. in school, out of school)**
- _____ **Attending vocational/technical training**
- _____ **Completed college or vocational training**

POSTSECONDARY INSTITUTION INFORMATION – First Entry

Enter information pertaining to your first enrollment in college in this section. If you have graduated from college, no longer enrolled in a postsecondary institution, or transferred to another college, please complete the next section instead.

NAME OF FIRST COLLEGE OR VOCATIONAL SCHOOL ATTENDED:

LOCATION (CITY, STATE): _____

START DATE: _____

END DATE: _____

MAJOR: _____

FINANCIAL AID AWARDED: Check all that apply

- _____ **1. PELL GRANT ONLY**
- _____ **2. FEEL LOAN**
- _____ **3. DIRECT LOAN**
- _____ **4. COLLEGE WORK STUDY ONLY**
- _____ **5. INSTITUTIONAL AID ONLY**
- _____ **6. STATE GRANT ONLY**
- _____ **7. MULTIPLE FEDERAL AIDS**
- _____ **8. MULTIPLE FEDERAL AND OTHER AIDS**
- _____ **9. NON-FEDERAL, NON INSTITUTIONAL AID**
- _____ **10. NO AID AWARDED**
- _____ **11. NO AID NEEDED**
- _____ **12. NOT APPLICABLE, NOT ENROLLED IN COLLEGE**

CURRENT ENROLLMENT INFORMATION

Complete this section if you are continuing your postsecondary education, have graduated from college, or are no longer enrolled in college (current as of today's date).

NAME OF CURRENT OR MOST RECENT VOCATIONAL SCHOOL

ATTENDED: _____

LOCATION: _____

START DATE: _____

END DATE: _____

MAJOR: _____

PLEASE SELECT YOUR CURRENT STATUS:

- _____ Accepted into PSI but not yet enrolled
- _____ 1st year, never previously attended
- _____ 1st year, attended before
- _____ 2nd year/ sophomore
- _____ 3rd year/ junior
- _____ 4th year/ senior
- _____ 5th year/ other undergraduate
- _____ Enrolled in a graduate degree program
- _____ Degree or certificate completed; not enrolled
- _____ Completed Associate's degree; enrolled in 4-year institution
- _____ Left program of postsecondary education before completion
- _____ Completed high school, but not enrolled in a program of Postsecondary education at this time

DEGREE/CERTIFICATE COMPLETED:

- _____ Certificate/diploma for occupational, educational program (less than Two-year program)
- _____ Certificate/diploma for occupational, educational, technical program (at least a two-year program)
- _____ Associate Degree (two year)
- _____ 1st Bachelor Degree
- _____ 2nd Bachelor Degree
- _____ Teaching Credential Program
- _____ Graduate or professional Degree
- _____ Not yet completed program of postsecondary study
- _____ Completed high school; not enrolled in a program of postsecondary education