



**UNIVERSITY OF THE
COMMONWEALTH
CARIBBEAN (UCC)**

Fostering Leadership & Innovation

UCC Alumni Association Membership Form

Please complete this form and submit it to the Department of Student Affairs, 17 Worthington Avenue, Kingston 5.

PERSONAL INFORMATION

Title: _____ UCC ID #: _____

First Name: _____ Last Name: _____

Mailing Address:

Telephone: Work: _____ Home: _____ Mobile: _____

Email Addresses: Personal: _____ Work: _____

Employer: _____ Job Title: _____

PROGRAMME DETAILS

Programme Studied: _____ Campus Studied: _____

Year Graduated: _____

SUPPORTING UCC

___ I am interested in donating to the UCC Foundation.

___ I will assist UCC in placing a student for internship.

___ I will inform the Department of Student Affairs of job vacancies.

___ I will donate books to the UCC Library.

___ Other (please specify): _____

STUDY AT UCC

Would you be interested in pursuing another programme of study at UCC? Yes No

Would you refer someone to study at UCC? Yes No

SIGNATURE

Signature

Date