



# University of Wisconsin-Eau Claire

## Student Support Services Alumni Network

### Application Form



Name \_\_\_\_\_ ID # \_\_\_\_\_ Date \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Town: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Check if you **do not** want to share your e-mail address with other Alumni Network members \_\_\_\_\_

UW-Eau Claire Graduation Date: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Area of Employment or Further Education: \_\_\_\_\_

Employer or Educational Institution: \_\_\_\_\_

#### Would you be willing to

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| • Speak at SSS events if you are in the area?           | _____      | _____     |
| • Respond to questions from students in your field?     | _____      | _____     |
| • Share information about job/internship opportunities? | _____      | _____     |
| • Offer students advice about graduate school?          | _____      | _____     |
| • Provide job-shadowing opportunities for students?     | _____      | _____     |

#### Educational Feedback

Do you feel that your college education adequately prepared you for your future plans?

\_\_\_ Yes      \_\_\_ Somewhat      \_\_\_ No

How important was the role of the SSS program in helping you complete your degree?

\_\_\_ Very Important      \_\_\_ Somewhat Important      \_\_\_ Not Important

Would you be willing to write a brief paragraph about the impact that the SSS program had on your college experience for use in our publications?    \_\_\_ Yes (please submit separately)    \_\_\_ No

\_\_\_\_\_  
Signature \_\_\_\_\_

**Return form to: Student Support Services, OL 2136, UW-Eau Claire, Eau Claire WI 54702-4004**

*For information or assistance, contact Earl A. Shoemaker, 715-836-3487, [shoemaea@uwec.edu](mailto:shoemaea@uwec.edu); or Laura Rubenzer, 715-836-3319, [rubenzlm@uwec.edu](mailto:rubenzlm@uwec.edu).*