

University of Chichester

Alumni Association

Registration Form

First Name	Surname			
Maiden Name (if applicable)	Date of birth			
Address (including postcode)				
E-mail Address	Telephone Number			
Course	Level (e.g. HND, BA, MA)			
Faculty/School				
Year started	Year of Graduation			
Campus Base				
Were you a SU Sports Federation member? Yes/No If yes, please state which club/society:	Were you a SU Society member? Yes/No			
Current Employer				
Position	Nature of Business (e.g. IT)			
Would you be interested in attending any future reunions? (Tick)				
Course Reunion	University Reunion			
Would you be interested in attending the SU Sports Federation weekend (mid June)? Yes/No				
When would you prefer to attend a reunion? (Tick)				
Spring	Summer	Autumn	Winter	
What other events would you like to attend?				
Would you be interested in any University merchandise? (Tick)				
Tie	Mug	Teddy Bear	Glass Wear	Pen
Would you be interested in receiving/contributing to an Alumni magazine? (Tick)	Receiving			

Please return your completed form to: Marketing Department, University of Chichester, Bishop Otter Campus, College Lane, Chichester, West Sussex PO19 6PE