

COVER PAGE

Cyril O. Houle Scholars

IN ADULT & CONTINUING EDUCATION PROGRAM

1. Personal Information

Name Mr. * Ms. * Dr.

Last _____ First _____ Middle _____

Name as it appears in your passport * Same* Different

If different, please specify _____

Citizenship _____

Social Security Number _____ (for citizens of the U. S. A.)

Home Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Home Phone (_____) _____

Home Fax (_____) _____

If outside U.S.A., please include country, state, & city codes

2. Employment Information

Primary Position / Title _____

Department _____

Present Employer _____

Work Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Work Phone (_____) _____

Fax number (_____) _____

If outside U.S.A., please include country, state, & city codes

E-mail address _____

3. Preferred Mailing Address * Business * Home

4. Terminal Degree

Field of Study _____

Degree Awarded _____

Date degree awarded (month/year) _____

Institution _____

Address _____

5. How did you learn about the Cyril O. Houle Scholars in Adult and Continuing Education Program?

* Direct mail * World Wide Web/Internet * Professional association * Friend or acquaintance * My institution or employer * My department * Advertisement, specify publication _____

* Other, please specify _____