CVC ALUMNI REGISTRATION FORM

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| --- | --- |
| Last name |  |
| First name |  |
| Email  |  |
| Phone  |  |
| Year of leaving CVC |  |
| Degree & university (current or past)or further study after leaving CVC (if applicable) |  |
| Current employment area (if applicable) |  |
| Might you be able to help with CVC careers events, advice for current students + networking? |  |
| Current home town/work location |  |
| Any other information you would like to share or suggestions? |  |

We are very grateful that you wish to join the network. Thank you.

Please email the completed form back to Mrs Carole Scibor cscibor@combertonvc.org