

Graduate Program Contact Information

2009-2010 Information

(please type or print neatly)

College: _____ Department: _____

Person to whom to address administrative issues (such as senate elections)

Name: _____

Title: _____

Office Address: _____

Office Phone: _____

Email Address: _____

Preferred means of communication: ___Phone ___Email ___Campus Mail

Person who can forward information/announcements to graduate students

Name: _____

Title: _____

Office Address: _____

Office Phone: _____

Email Address: _____

Preferred means of communication: ___Phone ___Email ___Campus Mail

Graduate Department Organization (if any):

Full Name: _____

Abbreviation: _____

Office Address: _____

Office Phone: _____

Preferred means of communication: ___Phone ___Email ___Campus Mail

Department Organization email address: _____

**Please return this form to the Graduate and Professional Student Senate Office, West Office Space, Mailbox 101.