

UALR MCNAIR SCHOLARS FOLLOW-UP FORM

FIRST NAME	LAST NAME	MI	MAIDEN NAME	
PERMANENT ADDRESS:		CITY	STATE	ZIP CODE
EMAIL ADDRESSES	1.		2.	
PHONE NUMBERS	HOME:	WORK:	CELL:	
EDUCATIONAL PROGRESS:				
<input type="checkbox"/> Undergraduate Junior <input type="checkbox"/> Undergraduate Senior <input type="checkbox"/> Graduated if so what ____ (month) ____ (year)				
Currently Enrolled in Graduate School <input type="checkbox"/> Yes <input type="checkbox"/> No What Institution:				
What year: <input type="checkbox"/> 1 st year <input type="checkbox"/> 2 nd year <input type="checkbox"/> 3 rd year <input type="checkbox"/> 4 th year <input type="checkbox"/> 5 th year <input type="checkbox"/> 6 th year and above				
Program of Study _____				
Currently Pursuing <input type="checkbox"/> MA/MS <input type="checkbox"/> MBA <input type="checkbox"/> PhD <input type="checkbox"/> JD <input type="checkbox"/> MD <input type="checkbox"/> MD/PhD <input type="checkbox"/> Other ____				
What degrees have you received: <input type="checkbox"/> MA/MS <input type="checkbox"/> MBA <input type="checkbox"/> PhD <input type="checkbox"/> JD <input type="checkbox"/> MD <input type="checkbox"/> MD/PhD <input type="checkbox"/> M.ED <input type="checkbox"/> Other ____				
Program of Study _____ Final GPA _____				
Date Degree Received: _____ (Month) _____ (Year) What Institution: _____				
If you will not attend graduate school in the fall, do you intend to do so in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe if so when <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ Year				
What Institution:			What program of study:	
What is your current occupation:			Company you work for:	
Do you consider your education complete <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there a specific reason why you have not continued your education: <input type="checkbox"/> Financial Reasons <input type="checkbox"/> Academic Reasons <input type="checkbox"/> Health Reasons <input type="checkbox"/> Personal Reasons				
ADDITIONAL COMMENTS, QUESTIONS, INFORMATION YOU WOULD LIKE TO SHARE: 				