



Department of Geography and Resource Management  
The Chinese University of Hong Kong

**ALUMNI RECORD FORM**

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Please complete the form and return it to the department by fax or post. Thank you.

Your Name: *(Prof/Dr/Mr/Mrs/Ms)* \_\_\_\_\_ *(Chinese)* \_\_\_\_\_

Year of Graduation: *(BSSs)* \_\_\_\_\_ *(MPhil)* \_\_\_\_\_ *(PhD)* \_\_\_\_\_ College: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ *(Mobile)* \_\_\_\_\_ *(Fax)* \_\_\_\_\_

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: *(Please write clearly)* \_\_\_\_\_

**Remarks:** Information provided by you will be kept strictly for purposes relating to the alumni activities.

*Please return to :*

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**FAX 2603-5006**