

SCHOOL OF BIOLOGICAL SCIENCES

ALUMNI@SBS INFORMATION FORM

PERSONAL INFORMATION	
Title	:
Name	:
Nationality	:
Email	: 1.
	: 2.
Home no.	:
Mobile no.	:
EDUCATIONAL INFORMATION @ USM	
<u>Bachelor</u>	
Year graduated	:
Programme	:
Field of Specialization	:
<u>Masters</u>	
Year graduated	:
Programme	:
Field of Specialization	:
<u>PhD</u>	
Year graduated	:
Programme	:
Field of Specialization	:
OCCUPATIONAL INFORMATION	
Designation	:
Organization	:
Address	:
Province	:
Country	:
Office no.	:
Fax no.	:

Please email this form to: amirhg@usm.my or ezliza@usm.my