



**City University of Hong Kong
School of Creative Media**

ALUMNI UPDATE FORM

This form can be filled out on-screen using Adobe PDF Reader. You may print and fax the completed form to the School of Creative Media at 3442 0407, or send 'UgcZiWtdmcZth]g form j]U e-mail to scmalumni@cityu.edu.hk.

Name: _____ CityU Student ID No: _____

Year of Graduation: _____

Correspondence Address: _____

Contact Phones: _____ (Mobile Phone) _____ (Home/Office)

Email: _____

Company / Organisation Name: _____

Job Title (Please check ONE box only):

- | | |
|--|--|
| <input type="checkbox"/> (Computer) Graphic Designer | <input type="checkbox"/> (Asst.) Programme Officer |
| <input type="checkbox"/> Post Production | <input type="checkbox"/> Teaching Associate |
| <input type="checkbox"/> Animator | <input type="checkbox"/> Multimedia Designer |
| <input type="checkbox"/> Account Executive | <input type="checkbox"/> Freelancer |
| <input type="checkbox"/> Production Assistant | <input type="checkbox"/> Project Coordinator |
| <input type="checkbox"/> Video Editor | <input type="checkbox"/> Others: |
| | (Please specify) |

I am interested in helping with the Alumni activities for the School and would like to receive more information on the activities.

The data you provide will be used to update the School alumni data system, for developing alumni services and relations, and will be kept strictly confidential.