

Ph.D. Program in Mathematics

Alumni Information

THIS PAGE IS TO BE FILLED OUT BY ALL GRADUATING STUDENTS – Writable form or Print Clearly

Name: _____

Date Degree Awarded _____

Consent to share Academic Info with AMS
Yes No

Dissertation Title: _____

Committee Chairperson/Affiliation: _____

Committee Members: _____

Personal Email:	
Personal Cell:	
Mailing Address:	

Employment Info As of (date) _____

Consent to share Employment Info with AMS
Yes No

Employer:	
Your Job Title:	
Work Address:	
Work Phone:	
Work Email:	

Would you like to be included on the following email list?	Yes	No
Weekly Seminar Bulletin?		

Which is your preferred email to contact you? Work Personal

Thank you so much for your assistance. Good luck in your future endeavors!

Please return completed form to mathematics@gc.cuny.edu