Department of Social Work - Alumni Update

First name _____________________________ Last name _____________________________

Class of ___________________________ □ BSW □ MSW (Concentration: □ Children and Family □ Juvenile Justice)
(Semester/Year)

Address ______________________________________________________________

City _____________________________ State ________ Zip code ____________

Telephone (____) ___________________________ Email address ______________________

Current place of employment _________________________________________________

Position/Title______________________________

Primary population(s) served _________________________________________________

Are you a licensed clinical social worker (LCSW)? □ Yes (Year __________) □ No

Are you a student in a graduate/professional program? □ Yes (Program ________________________) □ No

Thank you.

Email your information to bcrayton@nccu.edu (Subject line: Alumni Update)