

# Memory Book Questionnaire

Please complete the following questionnaire, even if you are unable to attend reunion. Responses will be compiled into a memory book and distributed to all respondents. Feel free to use extra paper. If you would like to provide a photo along with your submission, please email electronic files to [pharmacy@uic.edu](mailto:pharmacy@uic.edu) and mail hard copies to:

Pharmacy Alumni Office  
UIC College of Pharmacy  
833 S. Wood Street, MC 874  
Chicago, IL 60612

Please clearly label photos with name and address on the back to ensure prompt return.

Survey available online at: <http://www.uic.edu/pharmacy/alumni/reunion.php>

Name: \_\_\_\_\_

Name while a student, if different: \_\_\_\_\_

Class year and degree(s): \_\_\_\_\_

Email: \_\_\_\_\_

Current employer and title: \_\_\_\_\_

Education after graduation: \_\_\_\_\_

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Professional experiences: \_\_\_\_\_

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Family Life: \_\_\_\_\_

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Other Adventures: \_\_\_\_\_

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My best memory of the College of Pharmacy is: \_\_\_\_\_

\_\_\_\_\_

My favorite instructor/class was: \_\_\_\_\_

\_\_\_\_\_

For me, the hardest part of college was: \_\_\_\_\_

\_\_\_\_\_

As a student, I was a member of: \_\_\_\_\_

\_\_\_\_\_

The last time I visited campus was: \_\_\_\_\_

Please list my contact information in the memory book. The memory book will only be available to alumni who replied to this questionnaire and/or attend reunion.

Please list only my \_\_\_\_\_ (e.g. home address, work phone, etc.)

Complete online at <http://www.uic.edu/pharmacy/alumni/reunion.php> or

Return to:

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UIC College of Pharmacy

833 S. Wood Street (MC 874)

Chicago, IL 60612 or

fax to 312-413-1910