

VCU University College

Virginia Commonwealth University

Enhancing student success

The Freshman Parent Association of the University College will use the following information to offer opportunities for parental involvement.

New VCU student(s): _____

Other VCU son(s) or daughter(s): _____

Mother

Father

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Preferred phone number: _____

Preferred phone number: _____

E-mail address: _____

E-mail address: _____

Employer: _____

Employer: _____

Title: _____

Title: _____

Business address: _____

Business address: _____

Educational information (school/college attended, degree, year): _____

Educational information (school/college attended, degree, year): _____

Special interests/skills: _____

Special interests/skills: _____

Boards, memberships, affiliations: _____

Boards, memberships, affiliations: _____

Other VCU connections: _____

Other VCU connections: _____

Please return this form to:

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900 Park Avenue, P.O. Box 842002, Richmond, VA 23284-2002

Fax: (804) 827-4511

E-mail: mlgreen@vcu.edu

www.vcu.edu/uc

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