



SCM ALUMNUS/A

Personal details

Title: Mr Ms Mrs Miss Dr Other _____ Gender: Male Female

First name/s: _____ Last Name: _____

Name at graduation if different: _____ Date of birth: _____

Tertiary qualification(s) undertaken or gained at the Conservatorium: _____

Year(s) attended The Con _____ Graduation year (if applicable): _____

Principal study/Instrument: _____ Other qualifications: _____

Spouse/Partner: _____ Children/Grandchildren: _____

I have a profile on: Facebook My Space Other (please specify): _____

Preferred contact details

Mailing Address: _____

Town / Suburb: _____ State: _____ Post Code: _____

Country: _____ Home Phone: _____ Mobile: _____

Business Phone: _____ Email: _____

Career details

We'd love to hear what you've been up to since graduating from The Con:

**Thank you for taking the time to complete this form
Please return by email, fax or post to:**

Julie Simonds, Grants & Special Projects Administrator P: +61 2 9351 1451
 Sydney Conservatorium of Music F: +61 2 9351 1287
 Macquarie Street, Sydney NSW 2000 Australia E: missing.musos@sydney.edu.au

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