

**Biomedical Research Education Program
Health Sciences Center – Office of Research
University of New Mexico**

Demographic Update

Student Name: _____

Date: _____

Updated Address: _____

Updated Email: _____

Updated Phone: _____

If different from above:

Permanent Address: _____

Permanent Email: _____

Permanent Phone: _____

Please provide a brief description of your new employment position or accomplishments after graduation:

If available, please provide your new professional contact information:

Employer Telephone: _____

Professional Email: _____