

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

Exit Information Sheet

Student Name: _____ UNM ID: _____ Date: _____

Forwarding Address: _____

Forwarding Email: _____

Forwarding Phone: _____

If different from above:

Permanent Address: _____

Permanent Email: _____

Permanent Phone: _____

Please provide a brief description of your employment position/plans for after graduation:

If available, please provide your new professional contact information:

Employer Telephone: _____

Professional Email: _____