

# Graduate Information Update

Dr./Mr./Ms. \_\_\_\_\_  
 Ritop Graduation Date (Month/Year) \_\_\_\_\_

**Home address**

Street \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home phone (\_\_\_\_) \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**Work information**

Title \_\_\_\_\_  
 Name of business \_\_\_\_\_  
 Street \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Business phone (\_\_\_\_) \_\_\_\_\_  
 Fax number (\_\_\_\_) \_\_\_\_\_  
 E-mail address \_\_\_\_\_

To which address do you prefer your Ritop mail sent?

Home \_\_\_\_ Business \_\_\_\_

Which e-mail address would you prefer us to use?

Home \_\_\_\_ Business \_\_\_\_

**About your Accomplishments**

Please list your any awards, degrees or certifications since you graduated from Ritop and the year received.

\_\_\_\_\_  
 \_\_\_\_\_

Please use this space to share any other information you would like us to know about.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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**Please mail or fax to:**  
**Graduate Affairs**  
**The Ritop School**  
**200 Dexter Avenue**  
**Watertown, MA 02472**