



Graduate Information Collection Form

Dear Graduate,

In order to maintain communication with our alumni, Sohail University requires the following information to be collected before issuing the degree. Please fill in the required details accurately.

Personal Information

- Full Name: _____
- Phone Number: _____
- Email Address: _____

Academic Information

- Graduation Year: _____
- Degree Program: _____
- Student ID Roll Number: _____

Consent & Declaration

I hereby confirm that the information provided above is accurate and up to date. I understand that Sohail University may use this information to contact me for alumni-related activities and official communications.

Date: _____

Signature: _____