

INTERNATIONAL ALUMNI TESTIMONIAL FORM

Please return this form along with a current photograph (jpg headshot) to: oia@louisiana.edu

PERSONAL INFORMATION	
First Name: Middle Name:	Last Name: Maiden Name:
Home Country:	Gender:
Date of Birth: / / Month Date Year	Current Address:
Graduation Year: (Please indicate all degrees earned.)	Level: Bachelor's Master's Doctoral
Major:	Sponsor: (if applicable)
Current Job Title/Degree Pursuing:	Current Employer/University:
Phone:	Email:
 Please describe your experience as a UL Lafayette student. Consider the following as you draft your testimonial: Why did you choose to study at UL Lafayette? Why do you think international students should choose UL? What skills gained at UL Lafayette have been most useful to you in your career? Who (faculty, staff or professional) inspired you to achieve your goals and why? What extracurricular activities, clubs, or events did you participate in? In one sentence, describe what you loved (or appreciated) most about your time at UL Lafayette. 	