

Career Center
Cal Poly Pomona

Alumni Registration

Date: ___ / ___ / ___ Graduation Date: _____ Major: _____

Name: _____ Bronco ID: _____

Address: _____

Phone: _____ Email: _____

CPP Alumni Association: Yes No

FOR OFFICE USE ONLY

Reciprocal Y/N: Name of University _____

Fee Paid: _____ Expires: ___ / ___ / ___ Staff Initials: _____

