

# UBMS PARTICIPANT

## Information and E-Mail Update Form

Participant we are in need of some updated information from you, please complete and return to the UBMS office:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include street, city, state and zip)

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate Phone/Email: \_\_\_\_\_

High School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

HS Counselor Name: \_\_\_\_\_

Counselor Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(UBMS will need to share your achievements in the program with your school)

Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(UBMS will send important parent information and the eNewsletter via email if available)

### Computer Access:

I have access to a computer and the internet at my home: Yes\_\_\_\_ No\_\_\_\_

I do not have a computer at home, but I have access to a computer and the internet at  
(check all that applies):

School\_\_\_\_ Public library\_\_\_\_  
TRIO Program\_\_\_\_ Other \_\_\_\_\_

RETURN FORM TO: University of Texas at Arlington, UB Math & Science,  
P. O. Box 19356, Arlington, Texas 76019