

FORM B

MINNESOTA PLAN FOR WOMEN'S CONTINUING EDUCATION  
(For students graduating from or leaving college within 3 months)

Name \_\_\_\_\_ Date \_\_\_\_\_  
(last) (first) (middle or maiden)

Present address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
(no.) (street) (city) (zone)

For how long do you expect to live at this address?

\_\_\_\_\_ less than 3 mo. \_\_\_\_\_ 3 mo. to 1 year \_\_\_\_\_ indefinitely

Address where you can always be reached (e.g. through parents, brother, sister)  
c/o \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_ (no.) (street) (city) (zone) (state)

Preferred address for our mailing list

\_\_\_\_\_ (no.) (street) (city) (zone) (state)

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Marital status \_\_\_\_\_

If married:

Husband's name \_\_\_\_\_ Occupation \_\_\_\_\_

Number of children \_\_\_\_\_ Ages of children \_\_\_\_\_

If you have ste the date for your marriage: \_\_\_\_\_

Fiance's name \_\_\_\_\_ Occupation \_\_\_\_\_

Expected date of marriage \_\_\_\_\_

Your education: High School from which you graduated and Higher Institutions  
attended (including the U. of Minn., Evening Classes, and  
Correspondence Courses)

Name of School	Dates of Attendance	Scholastic Average	Degree	Major	Minor
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Honors and Activities:

Employment History (include any significant part-time and short-term jobs, but don't feel compelled to list every child you ever baby-sat for):

Did you ever receive testing or counseling at the Student Counseling Bureau? \_\_\_\_\_

Did you ever take or audit Family Life 50, the Educated Woman in the U.S.? \_\_\_\_\_

What are your plans for next year?

If you know them, briefly describe your long range educational, vocational, and domestic plans. (attach additional sheet if necessary)

From the list below, please check Minnesota Plan services which you would like to use immediately. The first four are already checked because you receive them automatically.

- Booklet on adult education resources at the U. of Minn.
- Cumulative record of your vocational, educational and volunteer activities
- Invitations to occasional group meetings
- Notices of newly developed services--seminars, workshops, newsletter, etc.
- Planning conferences
- Correspondence tutorials
- Placement service
- Scholarship assistance
- On campus child-care service
- Keep-in-touch courses in the following fields, when these become available:

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

Use this space to tell us anything you think we ought to know about you-- your interests; your plans, and what you hope the Minnesota Plan will be able to do for you. (attach additional sheet if necessary)

Signature \_\_\_\_\_

Return two copies of this form to:

WOMEN'S CONTINUING EDUCATION PROGRAM  
106 TSMa  
University of Minnesota  
Minneapolis 14, Minnesota