

**Sojourner Truth Education & Resource Center**  
**College & Professional Student Accomplishment Form**

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

Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

College or University: \_\_\_\_\_

Area of Study: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Degree Conferred: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

Honors and Accomplishments: \_\_\_\_\_

\_\_\_\_\_

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Future Plans: \_\_\_\_\_

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