Montclair State University Alumni Association

MSU CLASS OF '57 **50TH REUNION QUESTIONNAIRE**

*Please complete and return to the Office of Alumni Relations for inclusion in --**The Class of 1957 Reunion Yearbook***

Name _____ _____ _____
Last First Maiden Name

Spouse/Partner's Name _____ _____
Class year (if applicable)

Address _____ _____ _____
Street City State/Zip

Phone _____ Email_____ Fax_____

Married _____ Single _____ Divorced _____ #of Yrs. Married/Together _____

# of Children _____ # of Grandchildren _____ # of Great Grandchildren _____

Miles traveled to the reunion _____

Your career _____

Hobbies _____

Highest Degree _____

Greatest Honor _____

Teacher(s) who most influenced you _____

_____

Fondest Memories of Montclair State _____

_____

Most unusual life experience _____

A brief history since 1957 or anything you would like to say to your classmates:
(Use additional sheet if necessary)

Please return to MSU Alumni Relations, One Normal Avenue, Montclair NJ 07043