BIOGRAPHICAL DATA REQUEST

The University of Texas at Austin
McDonald Observatory and Department of Astronomy
BOARD OF VISITORS

For the Board of Visitors Roster, we ask that you provide the following three items:

1. A filled-in biographical-information form (begins on page 2) or a résumé or vita. You can return either in the enclosed envelope or as an electronic file. If sending an electronic file, email it to bov@astro.as.utexas.edu.

2. A photograph of yourself (or yourself and your spouse), either as a print or as an electronic file. If sending a print, please provide a recent color photo measuring 4 x 5 inches or larger. You can mail it in the enclosed envelope. If sending an electronic file, please send a color JPG file of at least 180 dpi and at least 4 x 5 inches. You can email it to bov@astro.as.utexas.edu.

3. A brief biographical statement (around 200-300) words that will help other BoV members learn about where you grew up, your family, your education, the focus and highlights of your business career, your other civic and charitable interests, and the reasons you are interested in supporting the Texas Astronomy program. You can fill in the form that is found on page 5, or you can email this brief biographical statement to bov@astro.as.utexas.edu.

Mailing Address for returning this form:

Board of Visitors
The University of Texas at Austin
McDonald Observatory
2515 Speedway, Stop C1402
Austin, TX 78712-1206
BIOGRAPHICAL DATA REQUEST FORM

(If you have a résumé or vita that covers this information, please return it instead)

Date: ______________________________

Legal name (last name first): ________________________________________________

Title:          Mr._____ Ms. _____ Mrs. _____ Miss _____ Dr. _____ Other: _____

Suffix:        M.D. _____ D.D.S. _____ Ph.D. _____ Sr. ___ Jr. ___ Other: ______

Preferred name (first name or nickname, for nametags, etc.): _____________________

Date of birth _____________________

Marital status:     Married _____ Single _____ Divorced _____ Widow(er) _____

I wish to join the Board of Visitors on my own: _____ Jointly with spouse: _____

Spouse’s full name: ______________________________________________________________

Spouse’s preferred name (first name or nickname): _________________________________

Spouse’s date of birth: ________________________________

Home address: 

________________________________________

________________________________________

________________________________________

Phone: 

________________________________________

Home FAX: 

________________________________________

E-mail: 

________________________________________

________________________________________

Business Name: 

________________________________________

Title or Position: 

________________________________________

Business Address: 

________________________________________

________________________________________

________________________________________

Phone: 

________________________________________

Business FAX: 

________________________________________

E-mail: 

________________________________________

________________________________________

Name of assistant: 

________________________________________

Your preferred address for BoV Communications: _____ Home _____ Business

Your preferred format for BoV Communications: _____ Email _____ Print mail
CHILDREN (PLEASE LIST NAMES AND AGES):
_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

CURRENT OR PAST INVOLVEMENT WITH THE UNIVERSITY OF TEXAS AT AUSTIN:
_________________________________________________________
_________________________________________________________

PROFESSIONAL AND CIVIC ORGANIZATIONS YOU SUPPORT OR ARE ACTIVE IN:
_________________________________________________________
_________________________________________________________
_________________________________________________________

INTERESTS AND HOBBIES:
_________________________________________________________
_________________________________________________________

SPECIAL AREAS OF INTEREST IN ASTRONOMY:
_________________________________________________________

YOUR EDUCATION:

University:  ___________________________________________
Degree:  ___________________________________________
City/State:  ___________________________________________
Year:  ___________________________________________
Major:  ___________________________________________

University:  ___________________________________________
Degree:  ___________________________________________
City/State:  ___________________________________________
Year:  ___________________________________________
Major:  ___________________________________________
**Spouse's Education:**

Name: ________________________________________
University: _____________________________________
Degree: _________________________________________
Profession: _____________________________________

**Parents' Education:**

Name: ________________________________________
City: __________________________________________
University: _____________________________________
Degree: _________________________________________

Name: ________________________________________
City: __________________________________________
University: _____________________________________
Degree: _________________________________________

**Children's Education:**

Name: ________________________________________
City: __________________________________________
University: _____________________________________
Degree: _________________________________________

Name: ________________________________________
City: __________________________________________
University: _____________________________________
Degree: _________________________________________

Name: ________________________________________
City: __________________________________________
University: _____________________________________
Degree: _________________________________________

**Other Family** (please list grandchildren or other family members who might be interested in the Texas Astronomy Program): _____________________

**Other BoV Members with Whom You Are Connected:**

____________________________________________

____________________________________________

____________________________________________
**Brief biographical statement for the BoV roster** (In about 200-300 words, please describe where you grew up, your family, your education, the focus and highlights of your business career, your other civic and charitable interests, and the reasons you are supporting the Texas Astronomy program.

If you prefer, you can send this statement as an email message to bov@astro.as.utexas.edu.

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**Other comments** (Please use this space for additional comments or information you wish to share with the others on the Board of Visitors.)

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