

STUDENT PROFILE

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-mail Address _____

SOCIAL SECURITY NUMBER _____ Student Visa: yes _____ no _____

EDUCATION: Expected date of graduation from BCC _____

Degree _____ Program of Study _____

Number of credits completed _____ Grade Point Average _____

Courses taken relevant to your career interest _____

SPECIAL SKILLS (Bilingual, computers, etc.) _____

HONORS (Deans List, Honors List, awards, etc.) _____

How did you hear of the Cooperative Education & Career Development Center? _____

I hereby authorize the Cooperative Education & Career Development Center to acquire unofficial copies of my Bergen Community College transcript, which will become part of my student file in the Center. I also authorize the Center to release my resume and other pertinent information to potential employers.

Date

Signature

OFFICE USE ONLY

SIGI PLUS _____

SDS _____ **Primary SDS CODE** _____ **Secondary Codes** _____

Appointment Notes