CAREER PLANNING WORKSHOP REQUEST

Today's date_____

Name_____ Ext._____ Home/cell phone (____)_____

Fax # (_____)_____ Email _____

Course/Section_____ No. of students _____

Do you prefer confirmation sent via: [ ] Fax [ ] Email [ ] Inter-Office Mail

Class meets: [ ] Monday [ ]Tuesday [ ] Wednesday [ ] Thursday [ ] Friday

Time: _____ _____ _____ _____ _____

Class location: _____ _____ _____ _____ _____

Preferred Dates of Visit(s): 1st choice _____ 2nd choice _____ 3rd Choice _____

Please choose one (1) of the following:

[ ] Overview of Cooperative Education and Career Development Center's services

[ ] Intro to Career Development & Self Assessment – discovering interests, values and skills *with vocational testing* (2 class periods)

[ ] Intro to Career Development & Self Assessment – discovering interests, values and skills (*without vocational testing*)

[ ] Job Search Strategies [ ] Resume & Cover Letter Writing

[ ] Interviewing Skills [ ] What can I do with a major in ……..?

[ ] Overview of Cooperative Education Program (30 minutes) [ ] Overview of Service Learning Program (30 minutes)

[ ] Customized Workshop – We will make every attempt to tailor the workshop to your classroom's needs

Explain: _____

_____

_____

YOU ARE REQUIRED TO BE PRESENT - YOUR CLASS PARTICIPATION IS IMPORTANT.

Please complete one form for each class session. If a change is necessary, please call the office (201) 447-7171

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OFFICE USE ONLY: Date Received _____ Confirmation Sent _____ Evaluation Forms Collected _____