



Counseling Form

Meeting Date: _____ Referred By: _____

First Name: _____ Last Name: _____

Email Address: _____ Phone Number: _____

Major(s): _____ Minor(s): _____

Class Standing: Freshman Sophomore Junior Senior
 Exchange Student Certificate Student Graduate Student Alumnus/Alumna

Purpose of Visit

- | | |
|--|--|
| <input type="checkbox"/> Career advising/counseling | <input type="checkbox"/> Personal assessment |
| <input type="checkbox"/> Career information/resources | <input type="checkbox"/> Career exploration |
| <input type="checkbox"/> Course/major selection | <input type="checkbox"/> Educational planning |
| <input type="checkbox"/> Resume preparation | <input type="checkbox"/> Leadership development |
| <input type="checkbox"/> Interview preparation | <input type="checkbox"/> Experiential learning |
| <input type="checkbox"/> International student employment | <input type="checkbox"/> Professional employment |
| <input type="checkbox"/> Internship: Credit / Non-Credit / Paid / Unpaid | <input type="checkbox"/> Career advancement/transition |
| <input type="checkbox"/> Employment: Part-Time / Summer / Full-Time | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> Campus recruiting: Interviews / Information / Fairs | <input type="checkbox"/> Other: _____ |

Notes

Counselor: _____ Referred To: _____

Follow-Up Date: _____ Entered By: _____ Entry Date: _____