CAREER CONSULTATION VERIFICATION FORM

Students may utilize this form to verify their Career Center consultation as part of a required or optional component of a course syllabus or assignment.

STUDENT NAME:

STUDENT EMAIL ADDRESS:

COURSE TITLE/NUMBER:

LENGTH AND TYPE OF CONSULTATION:
□ 15-Minute Drop-In
□ 30-Minute Appointment
□ 60-Minute Appointment
□ Other (Please Describe):

By signing this form, both the student and Career Center staff member agree that all of the provided information is true and accurate.

STUDENT SIGNATURE:

STAFF NAME: (PRINT)

STAFF SIGNATURE:

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CAREER CONSULTATION DATE & TIME:

STUDENT BGSU ID:

COURSE INSTRUCTOR NAME:

CAREER CONSULTATION FOCUS:
□ Career Exploration
□ Cover Letter Assistance
□ Falcon Internship Guarantee (FIG) Overview
□ Personal Statement Assistance
□ Resume Assistance
□ Mock Interview
□ Experiential Learning Search
□ Full-Time Employment Search
□ Graduate School Search
□ Worknet Support
□ Other (Please Describe):

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