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.

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):

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: ________________________________

STUDENT EMAIL ADDRESS: ________________________________

COURSE TITLE/NUMBER: ________________________________

STUDENT BGSU ID: ________________________________

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hire.bgsu.edu | 419.372.2356 | careerservices@bgsu.edu | Bowen-Thompson Student Union, Suite 225