CAREER DEVELOPMENT & ADVANCEMENT WORKSHOP REQUEST FORM

___ Résumé Workshop
___ Career Workshop
___ Interview Preparation Workshop
___ Sophomore Seminar
___ Other______________________
___ Senior Seminar

PLEASE NOTE: REQUESTS MUST BE APPROVED BY JANICE JOHNSTON, DIRECTOR

_____APPROVED   _____NOT APPROVED

Today’s Date: ______________________________________________________________
Name: __________________________________________________________________________
E-mail: __________________________________________________________________________
Title: __________________________________________________________________________
Department/Organization: _______________________________________________________________________________________
Telephone Number: (        ) _____________________Fax Number: (        ) _____________________
Cell Phone: (        ) _____________________ Number of Students Attending_______

Date of Workshop: ___________ 1st Choice ___________ 2nd Choice ___________ 3rd Choice

Time of Workshop: ___________ 1st Choice ___________ 2nd Choice ___________ 3rd Choice

Preferred Location: _____CAS 118 or _____Other (please specify) ______________________

Please fill out and fax back to (908) 737-0325 or drop form off at CAS 123. 
For further information, please call (908) 737-0320.