

Continuing and Professional Studies

160 Convent Avenue Shepard Hall, Room 2 New York, NY 10031

Career Counseling Consultation Form

The person stated below has expressed an interest in meeting with a career counselor:

	t Name First Name		Birth Date: Month/Day/Year	
Sex: □ Male □ Fer	nale			
Permanent Address				
Dity		State	Zip Code	
Home Phone Number	Business	Phone Number	E-Mail	
EDUCATION:				
College	Dates Attended	Major	Degree/ Credits	
Training Institution	Dates Attended	Program	Certificate Received	
High School Attended			City/State	
Diploma: □ Y	□ N GED: □	1 Y 🗆 N	Date: Month/Yea	
	equested, you may be asked to	provide transcripts or co	pies of the diplomas or	
certificates earned.	equested, you may be asked to	provide transcripts or co	pies of the diplomas or	
certificates earned.	List the most recent first)	provide transcripts or co	pies of the diplomas or Title / Position	
eertificates earned. WORK EXPERIENCE: (I	List the most recent first)			
certificates earned. NORK EXPERIENCE: (I	List the most recent first)			
Company 1 2	List the most recent first)			

☐ Interviewing

□ Networking□ Career exp□ Career Char	gotiation ng effective job search approach ng xploration	
Comments sec Are there any s	ection special circumstances or additional information you would like to sha	are with us?
How did they h	hear about us?	
	Appointment: Date: Time:	
Staff Initials:	Date:	
Career Counselo Notes:	or Signature: Date:	
Follow Up:		