

## Career Advisement Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:    Male                      Female:

Campus Residence: \_\_\_\_\_

Off campus address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Please check your preferred contact method:    Text                      Call                      Email

Cell Number \_\_\_\_\_

Email: \_\_\_\_\_ @lbc.edu

Academic Status:

Freshman                      Sophomore                      Junior                      Senior

Adult Education                      Graduate/Seminary

Major: \_\_\_\_\_ Anticipated Date of Graduation \_\_\_\_\_

Is your visit part of a class assignment?    Yes                      No

If yes, Instructor & Course Name: \_\_\_\_\_

I am interested in:

Resume Review                      Mock Interview                      Career Consultation

In a few sentences, describe the concern(s) that bring you to seek career advisement.

## APPOINTMENT SCHEDULE

Instructions: Please mark with an “x” the day and times you **ARE** available for counseling.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
8:30					
9:00		Chapel	Chapel	Chapel	
9:30		Chapel	Chapel	Chapel	
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					

Other comments: