

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: