

CAREER CENTER

MOCK INTERVIEW REQUEST FORM

PLEASE FILL OUT THE INFORMATION BELOW AND SPEAK WITH A
CAREER CENTER REPRESENTATIVE TO SCHEDULE YOUR MOCK INTERVIEW.

NAME: _____

MAJOR: _____

STUDENT #: _____ PHONE # _____

ANTICIPATED GRADUATION DATE: _____

CAREER GOAL: _____

TITLE OF THE JOB IN WHICH
YOU ARE INTERVIEWING FOR: _____

COMPANY WHERE YOU
ARE INTERVIEWING: _____

**PLEASE NOTE: YOU ARE REQUIRED TO SUBMIT A
RESUME WHEN YOU SCHEDULE A MOCK INTERVIEW.**

FOR INTERNAL USE ONLY

TODAY'S DATE: _____

MOCK INTERVIEW DATE: _____

MOCK INTERVIEW TIME: _____

INTERVIEWER'S INITIALS: _____

CAREER CENTER
BUILDING 3, ROOM 108
1000 EAST HENRIETTA ROAD
ROCHESTER, NY 14472
PHONE: 585-292-2248