



PRESENTATION REQUEST FORM

Please return to Career Services, Brighton Campus, Building 3, Room 108 upon completion. Requests will be confirmed/denied within one week of the date of the request. **At least three weeks advance notice is recommended.**

Name: _____ Title: _____ Date: _____

Department/Club/Organization: _____

Phone Numbers: Office: _____ Department: _____ Home/Cell: _____

Campus: _____ Email: _____

TOPIC(S) REQUESTED (Please check):

<input type="checkbox"/> Career Services Overview	<input type="checkbox"/> Resumes: Preparing an Effective Resume & Cover Letter
<input type="checkbox"/> The Career Library Orientation	<input type="checkbox"/> Interviewing Skills: How to Make the Best Impression
<input type="checkbox"/> Career Exploration/Careers in ???	<input type="checkbox"/> Mock Interviews - Let's Get it Right
<input type="checkbox"/> Linked In	<input type="checkbox"/> Job Search Strategies: How to Find the Job You Want

Note: For COS courses, we recommend both The Career Library Orientation & Career Services Overview presentations. We can also customize a presentation for your particular needs. For more information, call 292-2368.

Class Title & Section or Organization: _____ CRN# _____

Characteristics: e.g. major, first year: _____

Presentation location: _____ Approximate number of students: _____

Length of time allotted: _____ Technology-equipped classroom (if applicable): Yes No (check one)

List 2 dates and times in order of preference:

	DAY	DATE	TIME
1 st Choice	_____	_____	_____
2 nd Choice	_____	_____	_____

Additional Comments: _____

WORKSHOP REQUEST CONFIRMATION – FOR OFFICE USE ONLY

Date Rec'd _____ Workshop Presenter _____

Scheduled on _____ (date) from _____ (time) to _____ (time)

Confirmed _____ Regretted by _____ Phone _____ Email _____ Writing _____ by _____ on _____
(circle one) (circle one) (initials) (date)