



# CAREER DEVELOPMENT & ADVANCEMENT WORKSHOP REQUEST FORM

\_\_\_ Résumé Workshop

\_\_\_ Career Workshop

\_\_\_ Interview Preparation Workshop

\_\_\_ Sophomore Seminar

\_\_\_ Other \_\_\_\_\_

\_\_\_ Senior Seminar

**PLEASE NOTE: REQUESTS MUST BE APPROVED BY JANICE JOHNSTON, DIRECTOR**

\_\_\_ **APPROVED**

\_\_\_ **NOT APPROVED**

Today's Date: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

Department/Organization: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Number of Students Attending \_\_\_\_\_

Date of Workshop: \_\_\_\_\_ 1<sup>st</sup> Choice \_\_\_\_\_  
\_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_  
\_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

Time of Workshop: \_\_\_\_\_ 1<sup>st</sup> Choice \_\_\_\_\_  
\_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_  
\_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

Preferred Location: \_\_\_ CAS 118 or \_\_\_ Other (please specify) \_\_\_\_\_

*Please fill out and fax back to (908) 737-0325 or drop form off at CAS 123.  
For further information, please call (908) 737-0320.*