

CAREER SERVICES & COOPERATIVE EDUCATION REGISTRATION

Please complete and submit this form for personalized assistance. All information you provide is voluntary and completely confidential.

LAST NAME:	FIRST NAME:
ADDRESS:	CITY: STATE: ZIP:
ID#:	BIRTHDATE:
E-MAIL:	PHONE:

I WOULD LIKE MORE INFORMATION ABOUT:

- ☐ Career Advising: choosing a major/career; matching jobs with majors
- ☐ Cooperative Education/Internship
- ☐ Job Search: PT/FT jobs
- ☐ Résumé Writing, Interviewing
- ☐ Credential Files
- ☐ Other: _____

I AM CURRENTLY ATTENDING MSU-BILLINGS:

- ☐ Yes **If Yes:** ☐ Part-Time ☐ Full-Time
☐ No

COLLEGE CLASS:

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Graduate

ANTICIPATED GRADUATION DATE:

200 _____
Current GPA _____
MAJOR: _____
MINOR: _____

I LEARNED ABOUT THE PROGRAM FROM:

<input type="checkbox"/> MSU-Billings Advisor	<input type="checkbox"/> Brochure/Publication	<input type="checkbox"/> Internet
<input type="checkbox"/> MSU-Billings Faculty/Staff	<input type="checkbox"/> Community Agency	<input type="checkbox"/> Career Fair
<input type="checkbox"/> Class Presentation	<input type="checkbox"/> Friend/Self Referral	<input type="checkbox"/> Other

What other information would help us better serve you?

I authorize Career Services to retain this information with copies of other documents which are part of the career counseling and internship process.

Signature

Date