



Career Services

125E Starr Hall
P.O. Box 889
Lancaster, SC 29721
(803) 313-7590

Student ID _____		Date _____		Major _____	
First Name _____		MI _____	Last Name _____		
Age _____	Date of Birth _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Check if you need help selecting a major	<input type="checkbox"/> Check if you need resume or job search assistance	
Race/Ethnicity <input type="checkbox"/> African American/Black <input type="checkbox"/> Latino/Chicano/Hispanic <input type="checkbox"/> International _____ (Check all that apply) <input type="checkbox"/> Asian/Pacific Islander American <input type="checkbox"/> Multi-ethnic/racial <input type="checkbox"/> Other _____ <input type="checkbox"/> European American/Caucasian <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Decline to Respond _____					
Local Address _____		City _____		State _____	Zip _____
Local Phone _____		<input type="checkbox"/> Check if we may leave a message		Email Address _____	<input type="checkbox"/> Check if we may send a message
May we send you a follow up evaluation form to ensure we are providing quality services?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Place of Work _____		City _____		State _____	Zip _____
I am currently in my _____ 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ 5 th _____ 6 th + yr of college		Academic Status <input type="checkbox"/> Fr <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr		Advisor _____	
Major _____	Minor _____	Cumulative GPA _____		Number of Credits This Semester _____	
If you are a transfer student please list previous institutions of higher education attended:					
Please indicate who referred you to Career Services: Referral Type <input type="checkbox"/> Self <input type="checkbox"/> Faculty <input type="checkbox"/> TRiO Staff <input type="checkbox"/> Other Staff <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Other _____					Referral Name _____
Have you ever been enlisted in any branch of the US military (active duty, veteran, national guard or reserves)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate your highest educational goal:			How confident are you that you will continue in school until you achieve this goal?		
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> Not Sure
<input type="checkbox"/> Very Confident	<input type="checkbox"/> Somewhat Confident	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Unsure		
Briefly describe where you are in the career or job search process:					