

Office of Career Services

INFORMATION SESSION REQUEST FORM

Please complete the following information and submit to Dr. Shelia Fobbs, Director, Office of Career Services.

Organization's Na	ıme	
Type of Business_		
Name of Contact 1	Person	
Phone & Email Ad	ldress	1
	esenting during session if differen	
His/Hers contact i	nformation if different	
Are you an Alumn	i of Grambling State University?	
Mailing Address o	f Company	
Suite/Floor	City/State	Zip Code
Fax	Title of Session	
Requirements for s	student participation(major, gpa,	classification, or skills)

One Never Gets A Second Chance to Make a First Impression!