

*Registration Form
Office of career services*

You Must Complete Part I and Part II to Be Registered

Part I

Name_____SSN _____

Major _____GPA_____

Contact Address _____

City/State_____

Zip Code_____Phone _____

Home Address _____

City/State_____

Zip/Code _____ Phone _____

Email Address _____

_____ I give permission to the career services to provide an unofficial copy of my transcript to any prospective employer requesting a copy for grade point average, course and/or degree verification.

_____ I will provide a copy of my resume' to the career services for distribution to many prospective employers. I understand I will not be able to interview until an approved copy of my resume' is on file on **GramTRAK**.

Student Signature _____Date _____
