

SYRACUSE UNIVERSITY CENTER FOR CAREER SERVICES

REQUEST FOR WORKSHOP

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

GROUP/COURSE REPRESENTED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE & TIME FOR PRESENTATION: (NEED 2-3 WEEKS PRIOR NOTIFICATION)

DATE START TIME END TIME

1ST CHOICE: \_\_\_\_\_

2ND CHOICE: \_\_\_\_\_

LOCATION OF PRESENTATION: \_\_\_\_\_

# PEOPLE EXPECTED: \_\_\_\_\_

AUDIENCE:

FRESH \_\_\_\_\_ SOPH \_\_\_\_\_ JUNIOR \_\_\_\_\_ SENIOR \_\_\_\_\_ GRAD \_\_\_\_\_

HOW DO YOU PLAN TO ADVERTISE THIS PROGRAM?

TOPIC FOR PRESENTATION: (PLEASE SELECT ONE)

- RESUME GRADUATE SCHOOL SEARCH ORANGELINK
COVER LETTER NEGOTIATING SALARIES NETWORKING
INTERVIEWING INTERNSHIP/JOB SEARCH STRATEGIES
OTHER (Must be discussed with Chuck Reutlinger)

CONTENT DETAILS:

Please Return This Form Via Campus Mail or FAX to:
Chuck Reutlinger, Associate Director, Info Resources & Services
The Center for Career Services, 235 Schine Student Center
PHONE: 443-3616 FAX: 443-2805

STAFF USE ONLY:
Counselor Assigned Date Assigned