WORKSHOP REQUEST FORM

Request Must Be Submitted 2 Weeks in Advanced

We will make every attempt to accommodate your request

- Indicates Counselors are NOT available for workshops.

Please choose: ☐ Class/Department ☐ Student Organization ☐ Student Affairs Department

Contact Information (PLEASE PRINT)

Contact Name: ___________________ Date: ______________

Organization/Department Name: ________________________________________

Phone #: (_____ ) ___________ Email: ___________________________ @csupomona.edu

Class Meeting Days/Time: ___________________ am/pm SMART CLASSROOM ☐ Yes ☐ No

Class Size: __________ Will you need the Career Center Classroom for your workshop ☐ Yes ☐ No

Academic Majors and class standing of students __________________________

Please choose ONE workshop topic from list provided:

☐ Career Center Overview (30 minute workshop) ☐ Interviewing ☐ Job Search

☐ Graduate School ☐ Resume/Cover Letter writing ☐ *Other

*Prior approval from Counselor is required

WORKSHOP REQUEST DETAILS

Please provide two workshop date options in order of preference

Option 1: Date: ________________ Time _______ Building/Room# __________

Option 2: Date: ________________ Time _______ Building/Room# __________

Additional information regarding your request:

________________________________________

Please submit completed form to: careercounseling@cpp.edu