

The Ohio State University at Lima
Office of Career Services
Student intake/Registration form

Please print all information requested: Today's Date: _____

Name: _____

Address: _____

Phone Number(s)

Home: _____

Work: _____

Cell: _____

Email address: _____

Number of credit hours completed to this point: _____ GPA: _____

Major: _____ Minor: _____

Special skills (i.e., Access, Windows, C++,
etc.) _____

Work Experience: _____

Type of work experiences sought (i.e., accounting, human resources, finance,
counseling,
etc.) _____

Preference for experimental learning: (Volunteer, internship, job shadowing,
other) _____

Number of hours available per week: _____

Class schedule for current quarter:

Involvement: Community or Student Activities/Organizations:

Special Awards Certifications, etc. (i.e., Dean's List, Life Savings, CPR,
etc.) _____