



Today's Date: _____

Print Name to Appear on Diploma: _____

Student ID: _____ Anticipated Graduation Date: _____

Current Street Address: _____ City/State/Zip Code: _____

Phone: _____ Alternate Phone: _____

Emergency Contact: _____ Contact Phone: _____

Program of Study: _____ Diploma/Degree to be: ___ Mailed ___ Picked-up

Students: Please obtain all signatures.

Return completed form to the Registrar's Office.

	Department to Visit	Action	Approval Signature	Date
1	Career Services	<input type="checkbox"/> Career Services Graduate Intake Form <input type="checkbox"/> Fifteen Minute Appointment <input type="checkbox"/> Resume on File	Chrysoula Kourkounti	__/__/__
2	Office of Financial Aid As Soon as Possible	<input type="checkbox"/> Original Entrance Counseling Form <input type="checkbox"/> Exit Interview Completed	Michael Kirchmaier	__/__/__
3	Finance As Soon as Possible	<input type="checkbox"/> Balance Paid	Paul Hubbard	__/__/__
4	Academics	<input type="checkbox"/> Senior Survey	Helene Taylor	__/__/__
5	Library	<input type="checkbox"/> All Materials Returned	V. Rev. Dr. Joachim Cotsonis	__/__/__
6	Registrar	<input type="checkbox"/> This Completed Form Signed and Returned	Jay Ostrosky	__/__/__

Hellenic College Holy Cross is a participant in the U.S. Department of Education, Federal Title IV program (Federal Student Aid) and therefore required to collect the information highlighted in gray for statistical purposes. This information will be kept confidential and used only for statistical purposes. We appreciate your cooperation in completing this survey.

1. Which one of the following best describes your primary status after graduation?

- ___ Planning to continue education to obtain a higher degree
___ Participating in a volunteer or service program (e.g. Peace Corps)
___ Employed full-time (on average 30 hours or more per week)
___ Seeking employment
___ Employed part-time (on average less than 30 hours per week)

2. If you will be employed after graduation,

In which city and state is the job located? City: _____ State: _____
What is/will be your job title? _____ What is your annual wage for this position? _____
Did you work for this company/organization prior to graduation? YES NO

What is your expected graduation date? _____ What is your GPA? _____

What is your current program of study? _____

What extra-curricular activities were/are you involved in? _____

Where would you like assistance? ___ Confirming my choice of career/major ___ Choosing or changing my career/major
___ Obtaining information about different careers/majors ___ Job market information
___ Other: (describe) _____

How big a struggle or concern is this for you? No Concern 1---2---3 ---4---5---6---7---8---9 ---10 Significant Concern

What challenges/obstacles are you facing in your career planning?

- ___ Academic ___ Too many interests ___ Self-esteem/Confidence ___ Pressure from Others
___ Mental Health (eg. Depression, emotional concerns) ___ Motivation ___ No Interest
___ Lack of career information ___ Indecisiveness ___ Other (List) _____

What do you do for fun? _____

What skills or gifts do you believe you possess? _____

If you could design your own job, what would it include? _____

Select what is most important to your career:

- ___ Money ___ Leadership Position ___ Interpersonal Relationships/Family ___ Job Security
___ Christian Environment ___ Benefits ___ Adventure ___ Time Commitment ___ Power

Who has influenced your career interests and why? _____

What steps have you taken before making this appointment? _____

Student's Signature: _____ Date: _____