



Today's Date: \_\_\_\_\_

Print Name to Appear on Diploma: \_\_\_\_\_

Student ID: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ City/State/Zipcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Diploma/Degree to be: \_\_\_ Mailed \_\_\_ Picked up

**Shaded Area for Department Use ONLY**

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

**DON'T FORGET...The CONFIDENTIAL PERSONAL DATA SHEET (PG.2) must be completed BEFORE you visit any departments.**

PERSONAL DATA SHEET

I. Personal Data—Complete this section with information about yourself

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Permanent Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zipcode: \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_ Driver’s License (or State ID)#: \_\_\_\_\_ State: \_\_\_\_\_

Facebook Address: \_\_\_\_\_ Skype Address: \_\_\_\_\_

Employer or Expected Employer: \_\_\_\_\_

Employer’s Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zipcode: \_\_\_\_\_

Employer’s Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**II. Relatives’ Data – Enter all information for the 3 adult relatives specified.** (If necessary, you must provide substitute references.)

**Parent or Guardian** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Area Code and Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Area Code and Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Area Code and Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**III. Other References (Family or Friends) – Enter all information for 3 more adult references at 3 different addresses.**

**Adult Reference** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Area Code and Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Adult Reference** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Area Code and Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Adult Reference** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Area Code and Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I hereby certify that all information provided on this form is complete and correct to the best of my knowledge.

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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:** \_\_\_\_\_

