



UNIVERSITY OF MONTEVALLO Career Development Center

CLIENT INTAKE

DESCRIPTIVE INFORMATION

LEGAL NAME _____ Student ID No. _____
(First) (Middle) (Last)

LOCAL ADDRESS _____

HOME ADDRESS _____

Home Phone No. (_____) _____ OK to leave a message? Yes No

Work Phone No. (_____) _____ OK to leave a message? Yes No

Cell Phone No. (_____) _____ OK to leave a message? Yes No

E-Mail Address _____ OK to leave a message? Yes No

DOB _____ RACE/ETHNICITY _____ GENDER _____

CLASS FRSH SOPH JR SR GRAD ALUM FAC/STAFF OTHER YEARS AT UM _____

MAJOR _____ MINOR _____

CURRENT COURSE HOURS _____ ADVISOR _____

EMPLOYMENT _____ HOURS/WEEK _____

How did you hear about our services? _____

Class Requirement? Yes No Referral? Yes No Sanction? Yes No Voc Rehab? Yes No

REASONS FOR SEEKING OUR SERVICES

_____ Career Planning/Career Exploration

_____ Resume Guidance/Resources

_____ Choosing/Changing a Major

_____ Job Market/Search Strategies

_____ Interview Preparation/Mock Interview

_____ Assistance with Internship Opportunities

_____ Graduate School Application

_____ Professional Development/Workplace Issues

_____ Other _____