

New Jersey City University Academic Career Planning Request for Off-Campus Meetings

NJCU Staff Member Name:
Last Name: First Name:
Date of Appointment & Return to Campus:
Mon Tue Wed Thurs Fri AM/PM Appointment Time Return to Campus
Employer Recruitment Name/Address of Employer: Name of Firm:
Address Line 1:
Address Line 2:
City:
State/Zip Code:
Contact Information: Last Name:
First Name:
Title:
Phone #:
Email:
Major(s) you are recruiting for:
Other (please specify)



Job Openings:

	Co-op/Intern Summer	Co-op/Intern Fall	Co-op/Intern Spring	Senior	Under Gradua		Alumn			
Full Time	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc			
Part Time	\bigcirc	\circ	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc			
Full Time Internship	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc			
Part Time OInternship		0	0	0	0	0	\bigcirc			
Not Applicable	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc			
Other (please specify)) (\circ	\circ	\bigcirc	\bigcirc	\circ	\bigcirc			
Next Steps:										
Confirm Job D	escription									
Add Employee	Add Employee to PlacePro									
Add Employer to College Central										
Find Candidate	es									
Submit Resum	nes									
Other (please	specify)									
Site visit approval:										



New Jersey City University Academic Career Planning and Placement Request for Off-Campus Conference/Professional Development Meetings

Name of Organization:			
Conference Title:			
Date:			
Start Time:			
End Time:			
Returning to campus: Request for ½ day: Request for full day:	(Y)/(N)		
Date submitted:			
Approved:			