

# UNI CareerLink

## Student Registration Request

(Please print clearly)

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

Graduation Date: \_\_\_\_\_  
(Month/Year)

NAME: \_\_\_\_\_ UNI ID# \_\_\_\_\_  
(Last) (First) (MI)

Birth Day \_\_\_\_ Birth Month \_\_\_\_ Email: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

MAJOR(s) \_\_\_\_\_  Teaching  Non-Teaching

### Classification (Check One)

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student
- 2nd Bachelor's
- Certification Only (Education)

### Are you planning to seek Cooperative Education/Internship Credit?

Yes  No

If "Yes" for which semester(s) are you seeking an experience?

- |                                 |                           |
|---------------------------------|---------------------------|
| <input type="checkbox"/> Fall   | (OFFICE USE: Date/Method) |
| <input type="checkbox"/> Spring | Payment _____             |
| <input type="checkbox"/> Summer | Payment _____             |

**For Office Use Only**

Activated: \_\_\_\_\_  Email sent: \_\_\_\_\_

Co-op faculty approval rec'd \_\_\_\_\_ (Date) \_\_\_\_\_ Exp. date: \_\_\_\_\_

## RELEASE OF INFORMATION - REQUIRED FROM ALL REGISTRANTS

I hereby give consent to Academic Advising and Career Services to disseminate information related to my professional qualifications, including my registration data and referral resume submitted over the World Wide Web to any prospective employer or graduate school official who has a bona fide interest in my qualifications as an employee, intern or graduate student. I understand that no other persons are routinely provided this information, except for items of directory information. I also understand that my registration will not be processed unless I complete and submit all required items. My signature below is verification of my permission to release my professional information. This permission will remain in effect until such time that I give written instruction to Academic Advising and Career Services to the contrary.

\_\_\_\_\_  
Signature

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

## THIS SECTION ONLY FOR: COOPERATIVE EDUCATION/INTERNSHIP REGISTRANTS

I understand that a \$15 administrative fee will be charged to my U-bill for each semester if I elect to take the internship for cooperative education credit (XXX:179). Note: Some employers may require students to register for cooperative education credit.

\_\_\_\_\_  
Signature

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

MAIL TO: Academic Advising and Career Services, 214 East Bartlett Hall, Cedar Falls, IA 50614-0384.