BAU
Bay Atlantic
University

Be an Innovator,
Be a Leader,
At BAU!

Placement Verification Form

Student Information   **Student ID#:**_____

Student Name: _____
                          LAST   FIRST   MIDDLE

Phone: _____   **e-Mail:** _____   **Graduate Date** _____

Program Information

Program Name: _____ **CIP Code:**_____

SOC Position Title(s):_____

Skills (four major skill objectives):

1._____

2._____

3._____

4._____

Placement Category (Select the placement category and complete either A, B, or C-DO NOT RECORD ALL THREE)

a. Position Title: _____

b. Skills (record four major skills required)

   1._____

   2._____

   3._____

   4._____

c. Student Attestation (signed or staff validated)

Employment Start Date: _____   **Status: Full time / Part Time (Hours per week :____)**

Employer Information/ Point of Contact

Company Name: _____   **Location (City, State):**_____

 Point of Contact (Name and Title):_____

Phone: _____   **Email (optional):** _____