Placement Verification Form

Student Information

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): ___________________________