



Central Carolina Community College
 Career Center
 1105 Kelly Drive
 Sanford, NC 27330

www.cccc.edu/studentervices/careercenter

PRESENTATION REQUEST FORM

Please submit this completed form electronically to mparker@ccc.edu. Requests will be confirmed/denied within three business days of the date of the request.

Name: _____ Title: _____ Date: _____

Department/Club/Organization: _____

Phone Number: _____ Email: _____

Topic(s) Requested (please check one):

Note: We can also customize a presentation for your particular needs. For more information, call Ext. 7396 or 7282

- | | |
|--|---|
| <input type="radio"/> Introduction to Career Center and Staff | <input type="radio"/> Job Search Strategies: How to Find the Job You Want |
| <input type="radio"/> Résumé Writing: Preparing an Effective Résumé & Cover Letter | <input type="radio"/> Media Networking for Job Seekers |
| <input type="radio"/> Interviewing Skills: How to Make the Best Impression | <input type="radio"/> Please denote the topic here if not listed
_____ |
| <input type="radio"/> Introduction to LinkedIn | |

Class Title & Section or Organization: _____ CRN#: _____

Characteristics: e.g. major, first year: _____

Presentation location (Bldg., Rm#): _____

Approximate number of students: _____

Length of time allotted: _____ Technology-equipped classroom (if applicable): Yes No

Desired date for presentation (list 2 dates and times in order of preference):

1st Choice: Date _____ Time _____

2nd Choice: Date _____ Time _____

Additional Comments:

WORKSHOP REQUEST CONFIRMATION - FOR OFFICE USE ONLY

Today's date: _____ Workshop Presenter: _____

Scheduled on _____ from _____ to _____
(date) (time) (time)

Confirmed Regretted Phone Email Writing by _____ on _____
(initials) (date)