

Mount Olive College Graduate Information Sheet

December 2009 Class

Name _____				
	First _____	Middle _____	Maiden Name _____	Last _____
Address _____				
	Street _____	City/State _____	County _____	
Email _____			Telephone _____	
(Please use the email address you will use <i>after you leave MOC.</i>)				
Major/Minor at MOC _____			Degree AS, BA, BS, BAS _____	
<i>(Refer to list of majors on back of this sheet)</i>				
Location attended: <input type="checkbox"/> Mount Olive <input type="checkbox"/> Jax <input type="checkbox"/> (SJAFB) <input type="checkbox"/> New Bern <input type="checkbox"/> RTP <input type="checkbox"/> Washington <input type="checkbox"/> Wilmington				
Student activities _____				
Name and location of hometown newspaper(s) _____				
RELEASE AUTHORIZATION (check one)				
The information requested in this box is voluntary. The information will be used to promote the activities/accomplishment of MOC Alumni, and to be included in the alumni magazine. It will also be used to update our Alumni and Career Center databases.				
<input type="checkbox"/> I authorize release of the above information to the media, to the Alumni Relations Office and to the Career Center.				
<input type="checkbox"/> I <u>do not</u> authorize the release of this information.				
SIGNATURE _____			Date _____	

Please complete the information below which will be used internally and will not be released to outside sources.

EMPLOYMENT

Are you employed? Yes No If yes, Full Time or Part Time

Your Current Status (check one)

- Accepted a job recently
- Unemployed, seeking a job
- Unemployed, not seeking a job
- Continuing current job in same position
- Continuing current job and will receive promotion/raise upon graduation
- Other (please tell us about your plans) _____

How did you learn about your current job?

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> MOC Job Network <input type="checkbox"/> Career/Job Fair <input type="checkbox"/> Classified Ads <input type="checkbox"/> Internet Posting <input type="checkbox"/> Resulted From Internship/Co-op | <ul style="list-style-type: none"> <input type="checkbox"/> Networking Contacts <input type="checkbox"/> Parent/Relative/Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Previously Worked for Company <input type="checkbox"/> Other _____ |
|---|---|

Is your job related to your major? Yes No

Employer _____

Location (City/State of Employer) _____

Job Title _____

GRADUATE SCHOOL

Have you applied to graduate or professional school? Yes No

Have you been accepted to graduate or professional school? Yes No

If accepted and you will attend:

Name of School _____

Location (City/State) _____

Program _____

Is your field of study related to your major? Yes No

Have you registered with the Career Center via the MOC Job Network?

If you would like to register with the MOC Job Network, go to:

www.moc.edu/academics/careercenter.cfm

and click on *REGISTER NOW with MOC Job Network*