



Career Services - Update Form NI		Campus:	
Name:	DSI:	Grad Date:	
Degree:	Issue Date:	Reissue Date:	

To provide the best possible employment services, we need to remain updated on your job search efforts and employment situation. **Please check all that apply, sign and date it at the bottom and return it in the postage paid envelope.** Thank you!

**ARE YOU CURRENTLY EMPLOYED? PLEASE CHECK ONE**

<input type="checkbox"/>	Yes, I am employed in a full-time job.
<input type="checkbox"/>	No, I am not employed in a full-time job.

**I AM DELAYING MY JOB SEARCH OR NOT CURRENTLY LOOKING DUE TO: (PLEASE CHECK ALL THAT APPLY)**

<input type="checkbox"/>	I don't wish to take advantage of the services of the Career Services office.
<input type="checkbox"/>	I am not legally eligible to work in a full-time permanent position in the country from which I graduated.
<input type="checkbox"/>	My pregnancy/family leave.
<input type="checkbox"/>	My incarceration/mandatory community service.
<input type="checkbox"/>	My serious illness (Please explain).
<input type="checkbox"/>	I am a DeVry employee.
<input type="checkbox"/>	I am in the military and am unable to look for a full-time education-related position.
<input type="checkbox"/>	My participation in a religious mission or relocation to a country other than that from which I graduated.
<input type="checkbox"/>	Family circumstances (Please explain).
<input type="checkbox"/>	I am relocating to another area.
<input type="checkbox"/>	I am delaying my job search.
<input type="checkbox"/>	Other (Please explain)
Explain:	

**I AM CONTINUING MY EDUCATION AT:**

School or Course Name:			
Name of Program of Study:			
It begins on:		And ends on:	

**DO YOU STILL REQUIRE ASSISTANCE FROM THE CAREER SERVICES DEPARTMENT?**

<input type="checkbox"/>	I am still seeking employment. Please continue to assist me.
<input type="checkbox"/>	I am not seeking full-time education-related employment.
<input type="checkbox"/>	I am not conducting an active, self directed job search or reporting once every two weeks to the Career Services office.

I understand that should my situation change or if I wish to again utilize the services provided by Career Services after my delay or refusal, that I may contact my advisor/office to commence services at anytime.

**YOUR INFORMATION**

Graduate's Signature:		Date:	
Address:			
City/State/Zip: (Postal)			
Email:			
Day Phone:		Evening Phone:	
Best time to contact you:			
I'm interested in returning to campus as a guest speaker:		Yes	No

**ELECTRONIC SIGNATURE**

Your name and the date should be entered below. Please enter an "X" in the box titled Electronic Signature. The "X" will serve as your electronic signature.

Students Name (Print):		Date:	
Electronic Signature:			

**For office use only:**

Status Code:		Source of Info:		Source of Lead:	
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