



We major in careers:

<b>Career Services Office: Update Form NI</b>		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 complete the form below, including the best times to contact you (day and evening), sign and date it at the bottom and return it in the postage paid envelope. Thank you!

**Please check off all that apply.**

**ARE YOU CURRENTLY EMPLOYED?**

<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 LOOKING FOR A JOB RIGHT NOW DUE TO: (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/maternity 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.
<input type="checkbox"/>	My relocation to a country other than from which I graduated.
<input type="checkbox"/>	Family circumstances (Please explain).
<input type="checkbox"/>	I am delaying my job search.
<input type="checkbox"/>	I am relocating to another area.
<input type="checkbox"/>	Other (Please explain)
<b>Explain:</b>	

**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 as defined on my graduate responsibility form and/or am not 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 for six months after my graduation date.*

**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:	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No	<input type="checkbox"/>

**ELECTRONIC SIGNATURES**

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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