



**WPI Career Development Center
Parent Network Registration Form**



Personal Information

First Name _____ Last Name _____
Home Address _____
City _____ State _____ Zip _____ Country _____
Home Phone _____ Home Email _____
Gender _____ Ethnicity _____

Educational Background

Degree _____ Graduation Date _____
WPI Major _____
Other college _____
Degree/Major _____

Employment Information

Career Field _____
Company Name _____
Position Title _____
Company Address _____
City _____ State _____ Zip _____
Work Phone _____ Work Email _____
Preferred way to be contacted __Home address __Work address __Home phone
 __Work phone __Home Email __Work Email

Volunteer Programs

(Check the programs you would be interested in participating in)

- | | |
|--|---|
| <input type="checkbox"/> On-campus presentations | <input type="checkbox"/> Mentoring opportunities |
| <input type="checkbox"/> Informational interviews | <input type="checkbox"/> Resume critiques/Mock interviews |
| <input type="checkbox"/> Company visits | <input type="checkbox"/> Summer/Co-op employment |
| <input type="checkbox"/> Shadowing opportunities | <input type="checkbox"/> Permanent employment |
| <input type="checkbox"/> Other(creative ideas welcome) | <input type="checkbox"/> Networking Contact |

Other

Name of student: _____ Major _____

**Return to: WPI Career Development Center
100 Institute Rd
Worcester, MA 01609
Fax: 508-831-5827
cdc@wpi.edu**