



HUMAN RESOURCES

**STUDENT EMPLOYMENT**

CENTRAL MICHIGAN UNIVERSITY

Student Employment Services  
Student Counseling Form

Date: \_\_\_\_\_

Written     Verbal

Student Name: \_\_\_\_\_ Campus ID # \_\_\_\_\_

Department: \_\_\_\_\_

Supervisors Comments:

Student Comments:

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_