



Career Center

Student Referral/ Assignment Form

Oceanside Campus, Bldg. 4700

www.miracosta.edu/careers

760.795.6772

Student Name: _____ Student ID: _____

Referred by: Name: _____ Extension: _____

Department/Discipline: _____

Suggested Services (please check all that apply):

- _____ Career Assessment/Counseling (by appointment)
- _____ Career Exploration/Research (Majors, Occupations, Industry Trends)
- _____ Employment Search (On and Off Campus)
- _____ Experiential Education (Internship and Co-op Classes)
- _____ Career Development Workshops
- _____ Other (please describe below)

Additional Comments:

____ Please check here if you want a staff member to verify that the student referred received the services requested.

Career Center Staff Signature

Date