

**LOUISIANA TECH UNIVERSITY
CAREER CENTER
www.careercenter.latech.edu**

**PO Box 3153/Keeny Hall 337
Ruston, LA 71272**

**Phone: 318-257-4336
FAX: 318-257-4750**

REGISTRATION

Name _____
(First) (Middle) (Last)

College Mailing Address _____ **Phone:** _____
(PO Box or Street) (City/State/Zip)

Permanent Mailing Address _____ **Phone:** _____
(PO Box or Street) (City/State/Zip)

E-mail Address: _____
(Please print clearly)

University Name	Degree (Bachelor/Master/Doctorate)	Major	Expected Graduation Date
Example: Louisiana Tech	Bachelor of Science	Computer Science	Spring 2004

Are you authorized to work on a full-time basis in the U.S.? YES NO
(This does not include practical training authorization.)

Would you like to register to use Experience eRecruiting™, an on-line job search network which includes job listings and on-campus interview schedules?

YES NO

If "Yes," please create a user name and a password for eRecruiting.

User Name: _____ Password: _____

RECORDS RELEASE AUTHORIZATION

The Louisiana Tech University Career Center is authorized to release my resume, transcript, and references to prospective employers for consideration of employment.

Signature _____ Date _____ CWID _____