

UNIVERSITY OF KANSAS
VOCATIONAL GUIDANCE CLINIC
MAY 14-23

Name _____

Business Address _____ Telephone No. _____

Home Address _____ Telephone No. _____

Vocation _____

Subjects in Which You are Willing to Counsel;

1. _____
2. _____
3. _____

Days Available (please check) May 14___, 15___, 16___, 17___, 18___, 19___, 20___,
22___, 23___.

Time Available _____

Special Comments: