

GPILS/OPS Career and Professional Development  
Career Development Questionnaire

**Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **First Name:** | **Last Name:** | **Student ID:** |
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| **Campus Email:** | **Phone:** | **Preferred Contact Method:** |
|  |  | □ Email □ Phone |

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| **I am a:** |
| □ Graduate Student □ Postdoctoral Fellow |
| **Track:** |
| □ MS □ PhD □ MD/PhD □ N/A |

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| **Program/Department:** |
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| **Is this your first Career Counseling session?** |
| □ Yes □ No |

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| **Have you taken career assessments before? If yes, which of the following?** |
| □ Yes □ No If yes, □ MBTI □ myIDP □ Other: |

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| **What assistance are you looking for?** |
| □ Exploring Career Options □ CV/Resume Review □ Interview Practice |
| □ Other: |

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| **How did you hear about us?** |
| □ Website □ Email □ Faculty Member □ Fellow Student/Postdoc |
| □ Social Media □ Other: |

Email this form to jaumiller@som.umaryland.edu