**【　　　　　】大学　就職支援パートナーシップ制度 利用申請書**

　　　年　　月　　日現在

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **大学 ・ 大学院** | | **学部 ・ 研究科** | | | | **学科** | | | **年** |
| **フリガナ** |  | | | | | | **性別** | | |
| **氏　名** |  | | | | | | **男　・　女** | | |
| **電話番号** |  | |  |  |  | | |  | |

**■利用目的　※利用目的に☑のうえ、具体的な利用内容を記入してください（複数可）**

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| --- | --- | --- | --- | --- |
| **□就職支援（内容：** |  | | | **）** |
| **□関連資料の閲覧（内容：** | |  | | **）** |
| **□ラウンジの利用等（内容：** | | |  | **）** |
| **□希望業種（** | | |  | **）** |
| **□希望職種（** | | |  | **）** |
| **□その他聞きたいこと** | | |  |  |

**■利用希望日**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **第1希望日** |  | **年** | **月** | **日** | **：** | **～** | **：** |
| **第２希望日** |  | **年** | **月** | **日** | **：** | **～** | **：** |

**貴学（　　　　　　　　　　　）での支援内容**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **支援日時** |  | **年** | **月** | | | **日** | | **：** | **～** | **：** | |
| **ご担当者** |  | | | | | | | | | | |
| **支援内容** | **□就職支援（内容：** | | |  | | | | | | | **）** |
| **□関連資料の閲覧（内容：** | | | |  | | | | | | **）** |
| **□ラウンジの利用等（内容：** | | | | | |  | | | | **）** |
| **特記事項** |  | | | | | | | | | | |

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FAX:093-964-4010