

Interview Decline Form

Did you already schedule an interview with this employer
on Symplicity? Yes or No

Student's Name: _____

Date of Interview: _____

Time Scheduled: _____

Employer's Name: _____

I understand that by signing this form I am declining my interview with the above-named employer. I also understand that I have a limit of two declines. If I go over my limit, I will be prohibited from participating in the remainder of the current semester's OCI program.

Signature of Student: _____ Date: _____

Career Services Use Only:

Accepted by: _____ Date: _____

Processed by: _____ Date: _____