



Failure to Interview Report

(No Show/Late Interview Changes/Cancellations)

Name _____ **Date** _____
(Please Print)

Phone Number () _____ **E-Mail** _____

Student ID # _____ **Undergraduate/Graduate**
(Please circle)

Major(s) _____

Company Name _____

Interview Date/Time _____

Date/Time You Notified BCC _____

Number of Interviews Missed Before _____

Reason for Missed Interview or Late Change/Cancellation (day of, the day before or three days before): *(Use the back side of this form if additional space is needed.)*

- Accepted Position (**must attach Offer/Acceptance form**)
- Illness _____
- Offer Pending (**attach Offer/Acceptance form**)
- Second Interview
 Company _____
 Departure Time/Date _____
 Return Time/Date _____
- Other (Explain) _____

Student Signature _____

|||||
BCC Staff Comments/Action:

- Loss of interview privileges*
- Other:*
- Suspension of web access to BCCnet*
 1 week 2 weeks 3 weeks Indefinite Suspension

Initials/Date _____