

Student Name

Email: student@email.com | Phone: (123) 456-7890

Address: 123 Street Name, City, State, ZIP

Education

Bachelor of Arts in Major

College Name, City, State | Expected Graduation: Month Year

High School Diploma

High School Name, City, State | Graduated: Month Year

Experience

Position Title â€“ Organization Name

Month Year â€“ Month Year

- Describe your responsibilities or achievements.
- Another key point about your role.

Position Title â€“ Organization Name

Month Year â€“ Month Year

- Describe your responsibilities or achievements.

Skills

- Skill 1
- Skill 2
- Skill 3

Honors & Activities

- Honor, Activity, or Club â€“ Year
- Leadership Role â€“ Organization â€“ Year