

Job Shadow Request

Shadow Information

Candidate's Name: _____

Address: _____

Daytime Phone: _____

E-Mail Address: _____

Requester Information

Are you a current student? (Please circle) Yes or No

Where are you currently attending school? _____

What is your student status? (i.e. freshman, sophomore, junior, senior) _____

What are your preferred dates and time for shadow experience?

a. _____

b. _____

c. _____

What type of position would you like to shadow?

a. _____

b. _____

c. _____

What do you hope to gain from this experience?

OFFICE USE ONLY	Time: _____
Assigned Date: _____	Assigned Department: _____
Employee: _____	Employee Title: _____