Application for Job Shadowing

First Name _____ Last Name _____

Email _____ Phone _____

Current Address _____

_____

Permanent Address (If different from current) _____

_____

Are you a WVU Medicine Employee? (Circle) Yes / No

Are you currently attending school? (If Yes, please answer the following questions) Yes / No

School Name _____

School Faculty Advisor Name _____

School Faculty Advisor Email _____

School Current Grade Level _____

Requested Departments to Shadow (Please describe below)

_____

_____

WVU Medicine Location (First choice) _____

WVU Medicine Location (Second choice) _____

Please describe your career goals

_____

_____

_____

_____

Available Dates _____

Agreed to Terms Yes / No

WVU Medicine