

Job Shadowing Application Form

AUBURN UNIVERSITY CAREER CENTER YOUR CAREER. OUR MISSION. 303 MARTIN HALL | 334.844.4744 | AUBURN.EDU/CAREER

Name	Class
Major	
Local Address	
Local Phone	Cell Phone
Email Address	Permanent Phone
Permanent Address	
Specify Career Field/Occupation you are interested in	Shadowing Observe and experience the day-to-day activities of the occupation Become aware of the particular challenges,
Dates available for shadowing. Provide a range of date	frustrations and problems of working in this field es. Learn the personal attributes, skills and talent necessary to be effective in the field Find out the fringe benefits and rewards of working in this profession
Goals for Shadowing. Write at least three (3) goals. So	Learn occupation's outlook, including current trends and developments, growth expectations, etc. Find ways to learn more about the field Determine the benefits of pursuing a Co-op, an internship or a volunteer position to better prepare myself for the career
Relevant Coursework	 Determine if graduate school or additional training is required for field Discover what career paths are similar to a career in this profession
Experience (leadership roles, jobs, volunteer experien	ces, internships)
Relevant Skills and Personal Attributes	
Sponsor's career field and organization to prepare my University Career Center of any changes in my scheduled Evaluation to the Career Center after shadowing. In accordance we have the content of the Career Center after shadowing.	rstand that I am responsible for the following: 1) Researching my self for Shadowing. 2) Notifying my Sponsor and Auburn ule in the event I am unable to Shadow. 3) Returning the Student ddition, by my signature below, I agree to assure the confidentiality own observation regarding patients, business plans, private records
Signature	Date