



**JOB SHADOW  
CAREER SERVICES  
Student Application**

**I. STUDENT INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ A# \_\_\_\_\_

e-mail: \_\_\_\_\_

**II. EDUCATION**

Major(s): \_\_\_\_\_

Minor(s): \_\_\_\_\_

Current Grade Level: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ senior \_\_\_ Master's

Expected Date of Graduation: \_\_\_\_\_ GPA \_\_\_\_\_

Degrees previously earned: \_\_\_\_\_

What are your educational aspirations?  
\_\_\_\_\_  
\_\_\_\_\_

**III. CAREER INTEREST INFORMATION**

What type of company/organization (e.g. Retail, Health Care, etc) and position (eg. manager, dentist, etc) are you interested in shadowing? List/You're your top 3 choices.

	Company/Organization	Position
1.	_____	_____
2.	_____	_____
3.	_____	_____

Do you have any physical limitations? (List conditions that may affect your job shadow experience)

\_\_\_\_\_  
\_\_\_\_\_

**Acknowledgement of Responsibility**

I understand that I must meet the minimum qualifications to be eligible to participate and that I am responsible for making arrangements with my instructor(s) to miss class for the Job Shadow Program.

I also understand that I am responsible for any costs that may incur for parking and/lunch.

Full-time employees of Texas A&M University- Corpus Christi are not eligible to participate.

Qualifications:

Currently enrolled at Texas A&M University – Corpus Christi for at least 6 Semester Credit Hours

G.P.A. of at least a 2.0

Must provide your own transportation to and from the Job Shadow Site

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date