

APPENDIX A

Request to Shadow

DATE: _____

Name: _____

Date of Birth: _____

Age: _____

Address: _____

Telephone Number: _____

Parent(s) Name (if under 18): _____

Location/Department at UAMS where you wish to shadow: _____

UAMS Employee or Faculty member sponsoring shadowing: _____

School where you are currently enrolled (if Applicable): _____

Proposed date of shadowing: _____

Please complete this form at least one week prior to the proposed date of shadowing and send to the Department where job shadowing is to take place.