



Work Based Learning Experience: Job Shadowing

Request for Job Shadowing

Pre-Approval for Job Shadowing

Student Name: _____

Brief description of Job Shadowing:

Job Shadowing Contact Information

Name of Job Shadowing Contact Person: _____

Title/Occupation: _____

Name of Business (if applicable): _____

Phone Number: _____ Email: _____

At what address will this Job Shadowing occur? _____

Signatures for Pre-Approval of Job Shadowing

Job Shadowing
Contact Person: _____

Date: _____

When form is completed, student should keep a copy for their own records and submit the original to Mrs. Jennifer Morris, Director of the Arts and Letters Pathway, in the Choir Room.

Albemarle Arts Letters
