Job Shadow Feedback

Date: _____

Name: _____

Job shadow was completed with:

Name: _____

Career Title: _____

Company: _____

Their Mailing Address: _____

Approx. date of shadow: _____

How many hours did you shadow: _____

Did you send this person a thank you note? Yes No

(We have some cards available in our office for your use if you need one)

Do you feel the job shadow was beneficial? Yes No

Please explain why and anything you'd like to share about your shadow experience:

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_____

May we use the above quote and your first name on SSS materials? YES NO

A possible next phase of our Job Shadowing/Mentor program would involve setting up a mentor in the field of your choice and maintaining contact with them by email for 12-18 weeks. The MSU Alumni Relations Department offers this service (deadline to apply is at the end of September each year) to students with a 3.0 GPA. Student Support Services can provide a similar program if you don't qualify. *If you would like to move on into the second phase of our program, please write why in 50 words or less:* Why I want a mentor: _____

_____

(Use the back of this page)

Please return to: Student Support Services; 355 Wiecking Center; Mankato MN 56001