

GETTYSBURG COLLEGE
Center for Career Development - Student Observation Form

Student Name: _____

Campus Box: _____ Phone: _____

Academic Major: _____

E-mail address: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Agency Supervisor and Title: _____

Department in which you will be observing: _____

Number of hours per week: _____

During what semester are you doing this observation?

_____ Fall
Year

_____ Spring
Year

_____ Summer
Year

Internship Pre-requisites:

Is your immunization record on file in the Health Center? Yes No

Have you attended blood borne pathogen training? Yes No

Supervisor's Expectations: (On-site supervisor completes this section.)

May use attachments if additional space is required.

Signatures:

Student: _____ Date _____

Site Supervisor: _____ Date _____

Pre-health professions Coordinator: _____ Date _____

Please return this form before you begin to volunteer to:

Center for Career Development, Box 425, Gettysburg College, Gettysburg, PA 17325
Telephone: 717-337-6828 Fax: 717-337-6538