

# RHS 2890 – Introduction to Cooperative Work Experience Waiver Form

As a student of Weber State University within the Department of Athletic Training & Occupational Therapy I,

\_\_\_\_\_, have previously completed a shadowing/observation  
(Student's Full Printed Name)

experience within \_\_\_\_\_ located at  
(Name of Organization)

\_\_\_\_\_  
(Address, City, State, Zip Code)

\_\_\_\_\_ was my supervisor (clinician you shadowed/observed), and their health care  
(Supervisor's Full Printed Name with Credentials)

profession is \_\_\_\_\_. This shadowing/observation experience began \_\_\_\_\_ and ended  
(Month/Date/Year)

\_\_\_\_\_ (estimated dates are acceptable).  
(Month/Date/Year)

During this timeframe, the total number of hours I shadowed/observed were equal to, or greater than 60 hours:

☐ YES

☐ NO

Student's signature: \_\_\_\_\_

Student's W#: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

Supervisor's E-mail address: \_\_\_\_\_