

RHS 2890 – Introduction to Cooperative Work Experience
Waiver Form

As a student of Weber State University within the Department of Athletic Training I, _____,
(Student's Full Printed Name)

have previously completed a shadowing/observation 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: _____