

"Day in the Life" Pre-Professional Development Experience Interest Information

Name: _____ Class Year: _____

Campus Box: _____ Campus Phone : _____ Cell Phone: _____

E-mail: _____@grinnell.edu Cumulative GPA: _____

Major(s): _____ Concentration(s): _____

Interests

Desired Term(s) (please circle): **Fall Break** Winter Break Spring Break

Desired Location: _____

Interests/ Career Plans: (please select from the categories and/or write in any specific areas of interest)

Select no more than 3 areas

- Advertising/ Marketing/ PR
- Arts
- Banking/ Financial Services
- Consulting
- Education
- Engineering
- Environment
- Government
- Healthcare
- Hospitality
- International Relations
- Non-profit
- Politics
- Research
- Social/ Human Services
- Sports & Recreation
- Technology
- Other/ Specific Details: _____

You should expect to receive contact information for 3-5 alums, depending on area of interest and availability.

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone(_____) _____ Work Phone: (_____) _____

Cell Phone:(_____) _____

Other Information

Do you have any physical or mental condition(s) that might affect your ability to successfully complete this experience? ____ No
____ Yes (If yes, please consult with the Career Development Office at 1127 Park Street)

This program is non-funded and voluntary, thus the College assumes no liability for any injury or expense the Student may incur. Students are responsible for housing, transportation, and other costs and expenses. Students are encouraged to seek experiences in a location that is already determined (e.g. hometown or break destination). Students must complete a brief reflection following the shadow experience on PioneerLink.

I have read this document carefully and understand the terms of this program. ____ No ____ Yes

Student's Signature: _____ Date: _____