



IDEAs Engineering Shadowing

Student Application Form

STUDENT'S NAME _____
first middle last

ADDRESS _____
street address or PO box city zip code

CONTACT INFORMATION _____
phone (day time) email address

CURRENT HIGH SCHOOL _____

GRADE (2012 Spring semester) _____ GPA _____

ETNNICITY _____ GENDER _____

On a separate paper, please let us know why you should be chosen to participate in the IDEAs Engineering Shadowing and how you expect to benefit from it. Please also indicate engineering majors that you might be interested.

I would like to shadow an engineering students on
(choose one day between October 22 and October 26, 2012)

1st choice: October ____, 2012; 2nd choice: October ____, 2012

APPLICANT'S SIGNATURE _____ DATE _____

GUARDIAN/PARENT's NAME _____

GUARDIAN/PARENT's SIGNATURE _____

Please send this application form by **October 12** to Dr. Julie Zhao:

E-mail: zhao1@uakron.edu

Fax: 330-972-5162

Mailing Address: College of Engineering, The University of Akron, Akron, OH 44325-3901

For more information, please call 330-972-2823.