

GWYNEDD-MERCY COLLEGE
Gwynedd Valley, PA 19437

SHADOW EXPERIENCE INTERVIEW FORM

Applicant: _____
Date: _____
Interviewer: _____
Site of Shadow Experience: _____

Interview Criteria:

Score each applicant on a level of 1 – 4

- 1 – not acceptable
- 2 – minimally acceptable
- 3 – acceptable
- 4 – very acceptable

Areas of Concern:

Motivation

1____ 2____ 3____ 4____

Interpersonal Skills

1____ 2____ 3____ 4____

Appearance

1____ 2____ 3____ 4____

Understanding of a career in (appropriate field/program)

1____ 2____ 3____ 4____

Overall Impression of Applicant

1____ 2____ 3____ 4____

Comments: _____

Signature: _____

This form, and the shadow experience itself are encouraged but are not mandatory in the preliminary portion of the admissions process. Pursuing the shadow experience will further illustrate to the admissions staff your interest in the intended field of study. A shadow experience should be conducted with a professional in your intended field of study. This form is for the professional to complete.

This completed form can be mailed to the address below or faxed to the number provided at the bottom of this document.

Mail:

Undergraduate Admissions
Gwynedd-Mercy College
PO Box 901
1325 Sumneytown Pike
Gwynedd Valley PA 19437-0901

Fax:

Attn: Office of Admissions- Gwynedd- Mercy College
215-542-4610