



## Magnetic Resonance Imaging (MRI) Job Shadow Documentation Form

### To the Job Shadow Site:

Thank you allowing this potential student in SC4's MRI program the opportunity to experience the activities of your imaging area. This type of exposure to the field prior to beginning the educational path helps the student make a more informed career decision.

To provide the documentation needed for the application process, please complete the form and return in the envelope provided by the student.

Student Name: \_\_\_\_\_

Job Shadow Site: \_\_\_\_\_

Site Contact Name: \_\_\_\_\_

Date of Job Shadow: \_\_\_\_\_

Hours of Job Shadow: \_\_\_\_\_

Imaging Exams Shown:

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Comments:

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Signature of Clinical Staff Member: \_\_\_\_\_

Students should have provided a stamped envelope addressed to:

Monica Rowling, MRI Program Office  
St. Clair County Community College  
323 Erie Street, P.O. Box 5015  
Port Huron, MI 48061-5015

*Again, thank you for  
your support!*