

SHADOWING CAPSTONE MENTOR'S AGREEMENT

Thank you for agreeing to allow our student to shadow you in your practice. All Marshall University students are required to participate in a Capstone experience worth 2 semester hour credits. In the Department of Biological Sciences, this requirement can be satisfied either by doing a research project with an approved research mentor or by shadowing a clinical professional. The second option allows students with interests in clinical careers to shadow/intern with a clinician in a specific profession ie Pharmacy, Dentistry, Medicine, Veterinary Medicine, etc. To successfully complete this option, students must arrange a minimum of 90 hours of supervised shadowing with a clinical professional or group. This voluntary, non-paid position should provide the student with insights and opportunities to learn about that profession not available through other means. It is imperative that the time the student spends in this shadowing position be geared toward the clinical aspects of the profession, not the front office. In addition to the 90 hours of "work", the student will be required to keep a log/diary of each day's assignments to be used to write a summary paper of the experience. This paper will include how the shadowing affected the student's perception of the field, including positive and negative impressions that may have been formed. Lastly, the clinical mentor must complete the Mentor's Evaluation Form (attached to this form, also available on the BSC web site). The paper and the Mentor's Evaluation Form must be submitted to Dr. David Mallory prior to the beginning of finals week for the semester enrolled. The final grade will be assigned by Dr. Mallory following an evaluation of the submitted materials.

Final grade will be determined as follows:

Clinical Mentor's evaluation 50 points

Student's written report 50 points

A: 90-100 points; B: 80-89 points; C: 70-79 points; D: 60-69 points; F: <60 points

Your signature on this form and the student's proposal will signify that all parties involved understand the requirements for successful completion of this project and that a letter grade will be assigned by the Department of Biological Sciences based upon the quality of the entire package.

Clinical Mentor's Name printed _____

Clinical Mentors signature _____ Date _____

Student's signature _____ Date _____

When completed, please return this form and the signed Project Approval form to the Department of Biological Sciences (Science Building room 350), attention to Dr. David Mallory, or mail or Fax to the following address:

**Dr. David S. Mallory
Dept. of Biological Sciences
Marshall University
1 John Marshall Drive
Huntington, WV 25755
Email: mallory@marshall.edu**

Approved by
Department

Dr. David Mallory

Date