

Prairie View A&M University
Roy G. Perry College of Engineering
 Kendall T. Harris, Dean
Future COE College Shadow Day
 Student Information Form

| | | | | | |
|---|--|--------------------|-----------------------------------|---------------|-----------------------|
| Last Name: | | First Name: | | | |
| Address: | | City: | | State: | Zip Code: |
| High School: | | | Shirt Size: S M L XL 2X | | Gender: M F |
| Phone Number: | | | Email: | | |
| Food Allergies: | | | Disabilities: | | |
| Engineering Majors of interest: Select Top 3 (1 being most interest) | | | | | |
| <input type="checkbox"/> Chemical <input type="checkbox"/> Civil & Environmental <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Computer Engineering Technology <input type="checkbox"/> Computer Science (Software) <input type="checkbox"/> Computer Engineering (Hardware) <input type="checkbox"/> Electrical Engineering Technology | | | | | |

Behavior Agreement

I agree to follow the University policies and regulations while on campus, which can be found at <http://www.pvamu.edu/policies/pvamu-rules>.

 Student Printed Name

 Student Signature

To Be Completed By Parent/Guardian

I give permission to my son/daughter to attend the Future COE Shadow Day on February 24, 2016 and hereby acknowledge that I will not seek to have Prairie View A&M University held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son's/daughter's participation in the Shadow Day event. I hereby release and agree to hold harmless Prairie View A&M University, its student, staff and personnel, from any claims arising out of my son's/daughter's participation in the event.

 Parent/Guardian Printed Name

 Parent/Guardian Signature

 Date