



WYTHEVILLE COMMUNITY COLLEGE
1000 East Main Street • Wytheville, VA 24382

Phone: 276-223-4701 • Fax: 276-223-4860 • Email: admissions@wcc.vccs.edu

Dental Hygiene Program Shadowing Hours Completion Form
Due by February 15th

Student Name _____ Student ID# _____

Shadowing Agency Name _____

Shadowing Agency Address _____

Shadowing Agency Phone Number _____

Date(s) of shadowing/observation _____

Total # of hours completed _____ (minimum of 16 required)

Shadowing Supervisor* Signature _____

Shadowing Supervisor Printed Name _____

Shadowing Supervisor Phone Number _____

Shadowing Supervisor Email _____

Student Signature _____

* Please note that WCC may contact the shadowing supervisor to verify hours. This form may be mailed, faxed, or emailed to the Admissions Office using the contact information on the header of this form. Only complete forms will be accepted.