



# N719 Clinical Field Study Enrollment Authorization Form

**Instructions:**

- Type Information (you will need the Free Adobe Acrobat Reader version 5.0 or higher to type your information into the fields)
- Print a paper copy
- The completed form is submitted to the Academic Programs Student Services Offices Front Desk, Suite 1100.
- After this form has been processed by Academic Programs staff, an email message will be sent to the student's wisc.edu email address with the class number. This number is used by the student to enroll for N719.

STUDENT INFORMATION	
Campus ID	Student Name
Phone Number	Email

COURSE INFORMATION		
Indicate the semester/year( i.e. Fall 2008) you plan to take N719  Fall            20__ Spring        20__ Summer       20__            (indicate session in box)	If taking N719 during Summer Session, please indicate what session:  8-week 11-week Other (indicate dates):	
Will this field study require:		
Patient Contact            yes            no	Access to Medical Records            yes            no	
Course Professor Name	Course Professor Signature	Date

SITE INFORMATION (If more than one site, please complete the required information for the other site(s) on the reverse side of this form)		
Preceptor	Phone #	Email
Agency Name/Unit		
Agency Street Address		
City	State	Zip Code
Agency Human Resources Phone #		

FOR OFFICE USE ONLY		
Class Number	Date Section Added	Date Student Emailed