



N747 Role Practicum 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 Front Desk, Suite 1100.
- After this form has been processed by Academic Program 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 N747.

STUDENT INFORMATION	
Campus ID	Student Name
Phone Number	Email

COURSE INFORMATION		
Indicate the semester/year(i.e. Fall 2015) you plan to take N747 Fall Spring Summer	If taking N747 during Summer Session, please indicate what session: 8-week 11-week Other (indicate dates):	
Will this role practicum require: Patient Contact Access to Medical Records		
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