



Summary of N787 Nursing Education Practicum

Instructions:

- Type Information All fields must be filled in.
(you will need the Free Adobe Acrobat Reader version 5.0 or higher to type your information into the fields)
- Attach appropriate documentation if applicable.
- Include Name and Campus ID on all attachments.
- Submit completed form to the Academic Programs Front Desk, 1100 Cooper Hall
- Deadline to submit this form is the last day of the semester.

This form records your nursing education experience in your student record for future reference.

STUDENT INFORMATION		
Campus ID	Student Name	
COURSE INFORMATION		
Semester Course was Taken (i.e. Fall 2015)	Number of Credits Taken	Clinical Hours Completed
Grade Received	Faculty Supervisor	
SITE INFORMATION		
Practicum/Preceptor		
Institution/Agency Name		
Street Address		
City	State	Zip Code

Description of Educational Experience: You may use extra paper if needed. (Beginning statement of goals and objectives may also be attached.)

Signature of Student: _____

Signature of Practicum/Preceptor: _____

Signature of Faculty Supervisor: _____