



N819 PhD Field Practicum Enrollment Authorization Form

N819 - Students will engage as participants and observers in clinical or other care settings that correspond to their research problems or populations of interest. The focus will be on deepening knowledge of the health problems faced by patients in the care setting, development of research questions or proposals to improve their health outcomes, and understanding facets of the environment that influence how research is implemented there.

Instructions:

- Type Information (you will need the Free Adobe Acrobat Reader version 5.0 or higher to type your information into the fields) and print a paper copy
- The completed form is submitted to the Graduate Academic Services Coordinator, Suite 1100.
- After this form has been processed by Academic Affairs 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 N819.

STUDENT INFORMATION	
Campus ID	Student Name
Phone Number	Email

COURSE INFORMATION			
Faculty Advisor Name	Faculty Advisor Signature		Date
Site Preceptor Name	Course (Seminar) Professor Name		
What is the purpose of the Practicum?			
Patient Contact	yes	no	Access to Medical Records needed
			yes
			no
If students indicate "yes" to either Patient Contact or Access to Medical Records, then Site Information must be completed below.			

SITE INFORMATION (If more than one site, please complete the required information for the other site(s) on the reverse side of this form)			
Administrative Contact		Phone	
		E-mail	
Agency Name and Unit			
Agency Street Address			
City	State	Zip Code	Agency Human Resources Phone

FOR OFFICE USE ONLY	
Class Number	Date Student Emailed