AUBURN UNIVERSITY SCHOOL OF NURSING
NURS 4921: Student Preceptorship Request
(This form is to be submitted ONLY in 4th Semester as directed by course faculty)

STUDENT NAME: ____________________________________________________________

EMAIL ADDRESS: __________________________________________________________

STUDENT PHONE #: __________________________ STUDENT ID # _________________

Request for Hospitals/Units: Preceptors are assigned by the facility and dependent upon availability. However, if you have a specific preceptor in mind, indicate his/her name and unit in the comment area. Hospital and Unit requests are not ranked and are only used to provide a guidance for your placement.

Request for Specialty Area: HESI scores and GPA are taken into consideration with all placements including specialty units. Placement in a specialty area is based on facility availability and faculty endorsement. Units that may not be requested include Post-partum/well baby nursery, and an outpatient unit or clinic.

Request for Shift Exemption: If you are unable to work a specific shift, explain here:

3 HOSPITAL SUGGESTIONS FROM THE PRECEPTORSHIP HOSPITALS LIST

1) __________________________

2) __________________________

3) __________________________

PATIENT POPULATION OF INTEREST

✓ Adult

○ Pediatrics

* Please note that adult patient population placement is an option for all students.

UNITS OF INTEREST

✓ Med/Surg

* Please note that Med/Surg placement is an option for all students.

COMMENTS: Provide a brief note below that may explain your request and/or ANY information that will help faculty to coordinate your placement:

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

THIS SECTION TO BE COMPLETED BY COURS FACULTY

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<thead>
<tr>
<th>GPA</th>
<th>NURS 3141 Dosage</th>
<th>NURS 3130 Fundamentals</th>
<th>NURS 3210 Pharm</th>
<th>NURS 3230 Custom Med/Surg</th>
<th>NURS 3330 Maternal</th>
<th>NURS 3730 Mental Health</th>
<th>NURS 4230 Peds</th>
<th>NURS 4230 Critical Care</th>
<th>NURS 4920 Exit HESI #1</th>
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I have read and understand the Student Preceptorship Request Information:

Student Signature:__________________________________________________________