AUBURN UNIVERSITY SCHOOL OF NURSING

NURS 4921: Student Preceptorship Request

STUDENT NA	ME:	•	•		d <u>ONLY</u> in 4" Semester STUDE						
EMAIL ADDR	AIL ADDRESS:						STUDENT ID #				
					l dependent upon availabil ranked and are only used					, indicate his/her	
					deration with all placemen sted include Post-partum/					rea is based on	
Request for S	hift Exempti	on: If you are u	nable to wo	rk a specific shif	t, explain here:						
3 HOSPITAL SUGGESTIONS FROM THE PRECEPTORSHIP HOSPITALS LIST							PATIENT POPULATION OI INTEREST		UNITS OF INTEREST ✓ Med/Surg		
1)						-	✓ Adult)		
2)							Pediatrics		O		
3)							Please note that adult patient population placement is an option or all students.	* Ple	* Please note that Med/Surg placement is an option for all students.		
			• •	•	st and/or ANY information		will help faculty to co	oordinate y	our		
THIS SECTION		MPLETED BY C	OURS FAC								
GPA	NURS 3141 Dosage	NURS 3130 Fundamental	NURS 3210 Pharm	NURS 3230 Custom Med/Surg	NUI 333 Mater	0	NURS 3730 Mental Health	NURS 4230 Peds	NURS 4230 Critical Care	NURS4920 Exit HESI #1	
I have read an	d understand	the Student Pr	ecentorshi	n Request Info	rmation:						

Student Signature:__