

UNDERGRADUATE CLINICAL ASSIGNMENTS FORM - OBSERVATIONAL

Year: Semester: Course Number: Beginning Date: End Date:

Course Coordinator: Clinical Faculty (Instructor):

Agency: (Clinical Site): City/Address (Location):

Total Hours: Days: Time: Rotation #:

Notes:

(Please organize by practice site. Also use Full name of student and faculty and include preceptor's credentials).

	Practice Site (Unit)	Student (full name)	Preceptor (if applicable)
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12.			

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