

UNDERGRADUATE CLINICAL ASSIGNMENTS FORM-TRADITIONAL

Year: **Semester:** **Course Number:** **Beginning Date:** **End Date:**
Course Coordinator: **Clinical Faculty (Instructor):**
Agency: (Clinical Site): **City/Address (Location):**
Total Hours: **Days:** **Time:** **Rotation #:** **Section #:**
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)
1.			
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12.			

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