Clinical Experience Approval Form

Student Information:

Student Name_________________________________________________________

Student Major____________________________________________________________________

Student Future Career Goals___________________________________________________________________________________________

Clinical Experience Approval:

Site Name____________________________________________________________________________________

Site Location____________________________________________________________________________________

Site Contact Person_____________________________________

*The contact person must list the times the student was at the site and sign to authenticate the log sheet.

Phone number_____________________________________

Email Address_____________________________________

Student’s main responsibilities at site___________________________________________________________

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__________________________________________________________________________________________

Clinical Hours:

Number of Hours Completed to date___________________________________________________________

Plan for Completing Hours by End of Semester_____________________________________________________

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