UNIVERSITY of HOUSTON
COLLEGE of NURSING

MSN/ FNP CLINICAL HOURS CONTRACT

Student Name: _____
Preceptor Name:_____
Site: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____Fax: _____
Preceptor Email: _____

Clinical Hours: To be negotiated prior to starting the experience and a copy submitted to the preceptor AND faculty. Students who are unable to go to the clinical site on any day scheduled are to call the preceptor prior to the start of the day AND also notify the supervising faculty.

Month						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Month						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Month						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total Hours Negotiated: _____

Student Signature: _____

Preceptor Signature: _____

Date: _____