



Nursing Student Clinical Group Placement Request Form

Deadline for placement request is: Spring placements – 10/1/11

***This form is not for requesting precepted experiences.*

Name of School:

Level of Student: Junior Semester: 1st 2nd
 Senior
 Other:

***Requested Unit/Area:**

First Choice: Second Choice:

Day(s) of Week:

Time(s) on Unit/Area:

Day and Time of Unit Prep:

Start and End Date of Experience:

Course Information/Description (Name and Number, please attach brief description):

Number of Students (maximum # is 8 on the unit):

Course Coordinator (or person completing this form if other than faculty member and contact information):

Clinical Faculty, Name and Credentials:

Phone Number: Email address:

Other Information:

You will receive confirmation via e-mail or phone whether or not we can accommodate your request by October 17, 2011 for the spring semester.

(*A separate request form must be completed for each unit/area/course requested.)

Contact Jane for questions at 414-805-5392. Return form via mail, email or fax:

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