

## STUDENT CLINICAL ROTATION SCHEDULE

School: \_\_\_\_\_ Clinical Coordinator \_\_\_\_\_

Clinical Instructor \_\_\_\_\_ Course \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Units/Departments Utilized \_\_\_\_\_

**Document the month, date and unit location of each student in the spaces provided.**

Student's Name	Student's Phone #	Dates	6/2/08	6/9/08	6/16/08	6/23/08	6/30/08	7/4/08	7/14/08
Suzy Nurse	555-4554	Clinical Units	4W	OR	4W	4W	4W	4W	4W
		Clinical Units							
		Clinical Units							
		Clinical Units							
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