

# SCHOOL OF NURSING

WILLIAM PATERSON  
UNIVERSITY

Graduate Program Wayne, NJ 07470  
973-720-3511

## STUDENT INFORMATION REQUEST FORM

### Submission Deadline Dates

Spring Semester Oct. 31 Summer Semester March 31 Fall Semester May 31

Date Submitted: \_\_\_\_\_ Semester \_\_\_\_\_ 20\_\_\_\_

Student 855# \_\_\_\_\_ (Fall, Spring, Summer)

Student Name: \_\_\_\_\_

Practicum Course # NUR \_\_\_\_\_ Post Master's Certificate Program  Yes  No

Track \_\_\_\_\_  
(AGNP) (FNP) (Administration) (Educator)

Student's Place of Employment: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

You are required to seek out a preceptor and a potential site for your practicum experience. The preceptor must be willing and able to oversee your practicum experience in the location you choose appropriate to the role. Please include the name, title and credentials of the prospective preceptor when filling out this form. Upon approval, by the NP coordinator (AGNP & FNP tracks) or Graduate Director (ADT & EDT tracks), a letter, confirmation of clinical placement form, course outline and responsibilities in the preceptor partnership will be sent to the clinical preceptor and/or agency. Any changes, additions/deletion of clinical preceptors must be sent to Mrs. Jennings by email at: [jenningsj3@wpunj.edu](mailto:jenningsj3@wpunj.edu).

\*William Paterson University Graduate Nursing Program does not provide honorariums for services as a preceptor.

**All clinical clearance documentation requirements are due 14 days prior to the start of the clinical course. If a student is not cleared 7 days prior to the start of the first day of their clinical course, they will be administratively dropped without warning. NO EXCEPTIONS**

\* Student fills out page 1, preceptor fills out page 2 & page 3  
Send completed forms to [jenningsj3@wpunj.edu](mailto:jenningsj3@wpunj.edu)