

STANDARD CLINICAL PLACEMENT REQUEST FOR GRADUATE/DOCTORAL STUDENT

School Name: _____ Semester: _____ Year: _____ Type of Program: _____

If other: _____

Course Name: _____ Course Number: _____

Course Faculty/Instructor: _____ Email: _____ Phone Number: _____

(If different than course faculty/instructor)

School Contact: _____ Email: _____ Phone Number: _____

Is this student part of the Texas Gulf Coast Graduate Nurse Education Demonstration (GNE) Program? YES NO

MD Anderson clinical placements include inpatient and outpatient areas ([Care Centers and Clinics](#)) with variable hours.

Attach clinical objectives for this rotation.

UNIT OR DEPARTMENT REQUESTED	Any, Inpatient, or Outpatient	Number of Clinical Hours	Name of Student	Student Email address)	First Clinical Day	Last Clinical Day	Preceptor(s) Name (if known)