

**UNDERGRADUATE CLINICAL ASSIGNMENTS FORM-TRADITIONAL**

**Year: Semester: Course Number: Beginning Date: End Date:**  
**Course Coordinator: Clinical Faculty (Instructor):**  
**Agency: (Clinical Site): City/Address (Location):**  
**Total Hours: Days: Time: Rotation #: Section #:**  
**Notes:**

*(Please organize by practice site. Also use Full name of student and faculty and include preceptor's credentials).*

	Practice Site (Unit)	Student (full name)	Preceptor (if applicable)
1.			
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12.			

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