

## NUND 611 Practicum Overview and Objectives (complete Overview/Objectives and Final Report for each Preceptor and project)

Student:	signature:	Email:	Phone:
Faculty Advisor:	signature:	Email:	Phone:
Preceptor:	signature:	Title:	
Institution:			
Email:		Phone:	
Address:			
NUND 611 Practicum Description: Having calcula	ted the number of required hours	•	ND611PracticumGuidelines.pdf develop, implement and evaluate a specific clinical practice ea of interest and synthesize previous coursework. (2 credits)
*Submit this form prior to initiation of 2/6/17	f Practicum activities to De	epartment Assistant, room 219A or electro	nically w/ signatures to <a href="mailto:dnpasst@case.edu">dnpasst@case.edu</a>

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