



Course Information: Course Number: _____ Semester: _____ Year: _____

(NP students only; check one) Rotation: _____ Primary Care/Internal Medicine
_____ Geriatrics
_____ Adolescent
_____ Urgent Care
_____ Gynecology
_____ Specialty: _____

Student Information:

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Proposed Preceptor Information:

Name & Title: _____

Employer Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Fax: _____ Email: _____

To be filled out by site office manager only:	
Who will sign affiliation agreement (name): _____	
Title: _____	
Email: _____	
Phone: _____	Fax: _____

Should you have any questions, please contact Deanna Kowaleski at: dkowales@emich.edu or 734-487-6599.