



School of Nursing EMU Preceptor & Site Request Form

Course Information: Course Number: _____ Semester/s: _____ Year: _____

Student Information:

Name: _____ EID: _____

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: _____

To be filled out by EMU only:

Is affiliation agreement in place: Yes Pending

Approved Denied Signature: _____

Date: _____