Cleveland Clinic
Stanley Shalom Zielony Nursing Institute

Request for Undergraduate Nursing Student Clinical Placement

Date of Request:_____

School: _____

Contact: _____

Start Date of Practicum: _____ **End Date of Practicum:_____**

Clinical Hours Required: _____

Graduation Date: _____

Additional information: _____
_____

Student	1st Choice	2nd Choice	Location Choice	CC Employee	Preceptor	Unit	Contact Info	Comments