

Marquette University College of Nursing
Request for Shadowing or Precepted Experiences

Name:

Address:

Phone:

Email:

MSN Program currently attending:

Anticipated Graduation date:

Are you requesting a shadow or precepted experience (Precepted experiences fulfill needed hours for course)?

What course(s) are you taking that require(s) clinical hours?

What type(s) of experiences are you seeking? Check all that apply:

- Didactic (teaching in classroom)
- Lab
- Other:

Are you requesting a specific preceptor? Yes No

If yes, please provide preceptor name: