

Springhill Memorial Hospital Clinical Request for Nursing Students

School:

Program: MSN BSN ADN

Semester: Fall Spring Summer Year:

Instructor:

Clinical Instructor: (if different from above) _____

Telephone: Work: Other:

E-Mail:

First date of clinical: Last date of clinical:

Day(s) of the week: Mon Tues Wed Thurs Fri Sat

Time: _____AM / _____PM

Number of Students:

Unit(s) Requesting:

Potential Dates for Computer Class:

You will receive an answer to your request via email. If you have any questions, please call Crystal McDonald MSN, RN email her at Crystal.McDonald@springhill.org.

Thank you for choosing Springhill Memorial Hospital!