

Springhill Medical Center Clinical Request for Nursing Students

School:

Program: MSN BSN ADN

Semester: Fall Spring Summer Year: [Click here to enter text.](#)

Instructor: [Click here to enter text.](#)

Clinical Instructor (if different from above): [Click here to enter text.](#)

Contact numbers: Work: [Click here to enter text.](#) Cell: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Clinical Dates: Start: [Click here to enter text.](#) End: [Click here to enter text.](#)

Clinical Days of the Week Mon Tues Wed Thurs Fri Sat

Time: AM [Click here to enter text.](#)

PM [Click here to enter text.](#)

Number of Students: [Click here to enter text.](#)

Unit Request: [Click here to enter text.](#)

Potential Dates Available for Computer Class: [Click here to enter text.](#)

You will receive an email in reference to your request.