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STUDENT CLINICAL ROTATION SCHEDULE

School: _____ Clinical Coordinator_____

Clinical Instructor _____ Course_____ Month _____ Year_____

Units/Departments Utilized _____

Document the month, date and unit location of each student in the spaces provided.

Student's Name	**Student's Phone #**	**Dates**														
Suzy Nurse	123-4567	**Clinical Units**	4W	OR	4W	4W	4W	4W	4W	4W	4W	4W	4W	4W	4W	4W
		Clinical Units														
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