

## STANDARD CLINICAL PLACEMENT REQUEST FOR GRADUATE/DOCTORAL STUDENT

School Name: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Type of Program: \_\_\_\_\_

If other: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Number: \_\_\_\_\_

Course Faculty/Instructor: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(If different than course faculty/instructor)

School Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this student part of the **Texas Gulf Coast Graduate Nurse Education Demonstration (GNE) Program?** ☐ YES ☐ NO

**Will the student be completing an academic project at MD Anderson?**

**YES**

**NO**

MD Anderson clinical placements include inpatient and outpatient areas ([Care Centers and Clinics](#)) with variable hours.

**Attach clinical objectives for this rotation.**

UNIT OR DEPARTMENT REQUESTED	Any, Inpatient, or Outpatient	Number of Clinical Hours	Name of Student	Student Email address)	First Clinical Day	Last Clinical Day	MD Anderson Preceptor Name (if known)

Nursing Workforce Planning and Development

Student Programs - Academic Nursing Clinical Placements

Contact Information: Email [workforcedevelopment@mdanderson.org](mailto:workforcedevelopment@mdanderson.org) or Fax number (713) 745-7040