

PROPOSAL FOR MORNINGSIDE COLLEGE PRECEPTORSHIP

Term _____ Date _____

Name _____ ID No. _____

Major _____

Department _____ Course No. _____

Preceptorship Course: Department _____ Course No. _____

RATIONALE FOR THE PRECEPTORSHIP

You must provide a brief description of your preceptorship by listing your learning objectives associated with the preceptorship and the activities which will lead to the completion of each.

<u>Learning Objectives</u>	<u>Activities Supporting Objectives</u>
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1.

2.

3.

4.

We understand and agree with the objectives and activities listed above.

Signature of Student _____ Date _____

Signature of Instructor _____ Date _____

Signature of Department Chair _____ Date _____

Signature of Dean _____ Date _____